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PSYCHOANALYTICAL METHOD AND
THE DOCTRINE OF FREUD

PSYCHOANALYTICAL METHOD AND THE DOCTRINE OF FREUD

By
ROLAND DALBIEZ

DOCTEUR-ÈS-LETTRES; AGRÉGÉ DE PHILOSOPHIE

With an Introduction by
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VOLUME I
EXPOSITION

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by
T. F. LINDSAY

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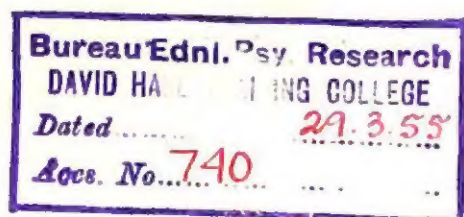
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GENERAL INTRODUCTION

It gives me great pleasure, as a clinical psychiatrist and eclectic psychotherapist, to write a short introductory note to Dr Dalbiez's critical survey of Freud's work. It may be considered a strange moment to choose for the publication of such a book, and yet I am persuaded that this book satisfies a real need and is very opportune.

Freud's claim to enduring fame in the history of thought is securely established. Whether one agrees with psycho-analytical teaching in whole or in part, or not at all, one must admit that Freud gave the whole of psychological (and related) thought a new direction from which there is no return. The psycho-analytical movement itself, however, has developed on extraordinary lines. It has come to resemble a cult more than a scientific discipline. It has its canonical literature, its apocryphas, its orthodoxies and heterodoxies, its inquisitors and its apostolic succession. Orthodox psycho-analysts are compelled to submit their will and reason to as stern a discipline as any members of a Religious Order. Thus it comes about that many psycho-analysts inhabit a little world of their own that is apt to be quite out of touch with systems of thought which are foreign to them. For instance, they find it difficult to believe that there are still countless thousands of well-educated people who are completely unfamiliar with psycho-analytical theory and practice. If they were told that there were also a great number of people who were well acquainted with psycho-analysis and who found themselves quite unable to accept its dogmata, they would say that such people are either intellectually dishonest or require to be analysed in order to overcome their own psychic resistances. Such psycho-analysts would say that a book which sets out critically to examine the foundations of psycho-analytical thought and disregards its development during the last fifteen or twenty years is uncalled-for and, to say the least, untimely. It is with such a judgment that I would venture to disagree. There are many philosophers who have read the works of Freud and his followers and have rejected psycho-analysis *in toto* because they find that they contain formulations which are philosophically untenable. Many physicians and experimental psychologists disregard psycho-analysis because they find that the criteria of proof demanded by psycho-analysis fall far below those which the scientific method requires. Most psycho-

analytical works give the impression of being a curious salad of empirical findings, inferences, interpretations, philosophical ideas and technical directions, and give no clear guidance as to the correct category to which the various statements belong. Freud, according to his own admission, disliked and distrusted the philosophical approach, and yet his works abound in philosophical formulations and speculations. It is at this point that I can indicate what I consider to be the chief value of Dalbiez's contribution to psycho-analytical literature. His is the trained philosophical mind that sees the urgent necessity of drawing a crystal-clear distinction between the psycho-analytical method and the facts to be empirically discovered by its use, and the doctrines developed therefrom. Dalbiez insists on treating what is psychological in accordance with the requirements of scientific psychology, and demands a rigid philosophical methodology where philosophy is involved. Often he finds it necessary to re-formulate Freud's own statements (without distorting them) in a way which should render them acceptable to the logician and the philosopher. The result will come as a surprise to many previously hostile critics of psycho-analysis and its derivatives who have seen fit to reject psycho-analytical theory and practice in a wholesale way. They will become convinced, I think, that the method is scientifically valid and that many psycho-analytical assertions which sounded fantastic because they were so ill formulated and presented are in point of fact both credible and susceptible of scientific verification.

It is likely that this book which is presented in a translation that is both skilful and faithful to the original text, will come to be considered as one of the most important contributions to psycho-analytical literature by one outside the Freudian fold. As such it will be welcomed by all "unattached" students of psychology and medical philosophy and by many accredited, orthodox followers of that great genius, Sigmund Freud.

E. B. STRAUSS.

INTRODUCTION TO VOL. I

In order to form an opinion on psycho-analysis, it seems natural to turn one's attention to the writings of Freud. Unfortunately a confused and fallacious impression follows the reading of them. The truth is that the works of Freud present two serious defects. In the first place, the Viennese psychiatrist, who considers that his system is an indestructible whole, makes no clear distinction between his *method* and his *doctrine*. It follows from this false perspective that scientific theories—and, what is worse, metaphysical constructions—are presented on the same plane as facts. This confusion begets fruitless controversies. In France very few people have successfully understood that there is a psycho-analytical method which must be discussed on a purely scientific ground, and which contains in itself no other philosophic premise than that realism which, as Meyerson has so strongly urged, is the preliminary requisite necessary to all science. In the second place, Freud is incapable of presenting his thought in a convincing form. He does not know how to lead his reader from the known to the unknown. At the point where, in order to establish his theses, he ought to proceed by the accumulation of simple demonstrative examples, he plunges into interpretations which a critical mind can only judge to be incapable of proof. The two defects which we have just pointed out have largely helped to discredit psycho-analysis.

Unfortunately, the French writers who have undertaken to interpret to their countrymen the ideas of the Viennese psychologist have not dispersed Freud's mists of confusion. This could hardly be expected from the opponents of psycho-analysis. As for its supporters, they have generally lacked intellectual independence. With very few exceptions, the Freudians slavishly copy Freud. It might have been hoped that psychiatrists who, like Régis and Hesnard in the first edition of their work, came forward neither as supporters nor as opponents, would know how to tackle the double task before them, that of separating method from doctrine, and of showing by simple and convincing examples that the method can lead to results acceptable to all impartial inquirers. This hope has been frustrated. Psycho-analysis has found in France hardly any but enemies or disciples. The school of Sainte-Anne, no doubt, directed by Professor Claude, has undertaken the examination of analysis in a spirit of

really impartial criticism. But these writers, who are alienists first and foremost, have confined their study almost exclusively to the problem of schizophrenia. Their researches have produced no comprehensive work on psycho-analysis.

The object of the present work is to fill the gap to which we have just drawn attention. Let us show how we have planned its arrangement. The first idea that occurred to us was to divide it into two parts, a strictly historical statement followed by a discussion. On reflection, this plan was seen to be full of defects. To draw up a statement of psycho-analysis following the rules of historical method was to renounce the right of improving in any particular the mode of presentation first adopted by Freud and later preserved by those who have set to work to make his ideas known. We have explained our own view. But about this process there is this further point, that we should have had to embody in the discussion all that could be said in favour of psycho-analysis, that Freud himself has omitted. The discussion would thus have been transformed into a mixture of apologetic and critique. We should have appeared to be claiming as our own work everything of positive value contained in Freud's conclusions. For these reasons, then, we abandoned this first scheme.

Having realized the defects of that scheme, we considered dividing our work into three parts: exposition, "setting forth," and discussion. Such an arrangement would have been unreadable, for repetition would have been its principal feature.

Only one solution remained; that which we have adopted. Our work comprises two volumes: one devoted to the "setting forth" of psycho-analysis, the other to its discussion. We shall explain what we mean by the unusual term, "setting forth."

A "setting forth" of Freud's views does not mean a mis-statement of them. We have been at pains to state Freud's thought with the most scrupulous accuracy. Whether one's aim is to attack or defend a system, it is important not to replace it with a substitute in the account which one gives of it, otherwise the attack or the defence relates to the substitute and not to the system. We have taken great care not to incur this objection. In particular, we have in no way sought to dilute those aspects of psycho-analysis which shock certain minds. But every time that Freud confuses the methodological with the doctrinal point of view, we have, after drawing attention to his process, indicated that in our opinion the two points of view should be distinguished. This distinction, which has given the work its title, is in a sense its *leitmotif*. We hope we have thus succeeded in giving a really objective statement of psycho-analysis, whilst avoiding

the first defect in presentation of which we accuse Freud and those who have commented on or popularized his work.

We had still to counter the second defect, that which is concerned no longer with the exposition of the system, in the limited sense of the word "exposition," but with its proofs. This we have sought to correct by three means. In the first place, we have discussed certain doctrines which offer a stumbling-block to psycho-analysis. We have thus examined at length the question of mental automatism. The ideas of Dr. de Clérambault probably do not much trouble the Viennese psychiatrists, but to the minds of the French psychiatrists they constitute a most serious obstacle to the application of the psycho-analytical tenets in the region of the hallucinatory psychoses. In consequence, the entire analytical interpretation of the psychoses is in doubt. We have thought it necessary to give a detailed discussion of the doctrine of the "Infirmerie Spéciale." In the second place, we have endeavoured to give greater strength to the theoretical arguments in favour of analysis. Freud completely lacks the philosophical mind. He happens, like everyone else, to indulge in metaphysical speculation, but without realizing that he is doing so, which is the worst manner of doing it. When a point of psycho-analytical doctrine relates to a fundamental requirement of reason, we have tried to make this agreement clear. We have thought it necessary to go even further. There are some psycho-analytical theses which, for our part, we cannot accept. So far as these are concerned, we have not shrunk from trying to set out in the most plausible form arguments which do not convince us. We have believed that in so doing we were but acting with intellectual honesty. Too often, in France as elsewhere, psycho-analysis is attacked without being defended. The aim of our first volume has decreed that at many points we should play the part of a self-appointed advocate. This role we have loyally tried to sustain. In the third place, we have carefully chosen examples designed to serve as an inductive proof of psycho-analysis, a choice to which we attach the greatest importance. Analysis is not metaphysical speculation. It is first a method, and then a synthesis of experimental results. It would have been desirable had Freud and his pupils taken care to present only examples whose interpretation was self-evident, or at least highly probable. This has not been the case. Freud and his disciples have acted as though they had no conception of the meaning of the word proof. There, without doubt, is the greatest weakness of psycho-analysis. We have systematically stood on our guard against this capital error. We have tried to present only such interpretations as any impartial psychologist or psychiatrist would find convincing, or worth serious consideration,

admitted the material facts of the case. It is not for us to judge how far we have succeeded. If there should be found readers (as we are willing to hope there may) who find our examples satisfying, we should like to anticipate from them an objection which has been advanced against us, in the course of discussion, by several psychiatrists of our acquaintance. We have been told that our selection of cases tended to give a too favourable, and so an inexact, idea of psycho-analysis. That, in our view, is a fundamental misunderstanding. In every technique, the process itself must be distinguished from the average skill of the men who employ it. Our aim is to give our readers information about the worth, not of psycho-analysts, but of the psycho-analytical method, which is a very different thing. Anyone may advance any form of eccentricity as the interpretation of any dream. We have systematically eliminated eccentricities, even when they bear the signature of Freud. In this we have only followed the rules of the strictest logic. *Negative cases prove nothing.* This axiom of methodology, which no one contests in theory, constantly remains unrecognized in practice. Logically, ten thousand interpretations based on fantasy could never prevail against a single well-established interpretation. In cases of fact, it requires far less than ten thousand fantasy-derived interpretations to cause, in anyone who does not hold fast to the rules of logic, a failure to recognize the existence of the convincing interpretation, and consequently the validity of the method. It was our right and our duty, in order to dispel this intellectual optical illusion, only to bring selected examples for the reader's consideration.

What we mean by the "setting forth" of psycho-analysis is now clear. It is, in short, a rather more precise statement, the proofs of which have been reinforced. That being so, we have considered it right to retain the word "exposition" as the sub-title of our first volume. There would have been a risk of misunderstanding and of misconception in the use of the term "setting forth."

Having thus defined the end which we have set before us in the present volume, the order which we have followed remains to be explained. We have begun with a study of the lower psychic levels. Chapter I is devoted to the psychopathology of everyday life, and Chapter II to dreams. Thus the reader may become familiar with Freud's method and the "psychic mechanisms," which Freud accepts, before tackling the Viennese doctor's much discussed theories of sex. Chapter III attempts an objective account of these theories, giving to the arguments in their support their greatest possible value. It is in the course of this chapter especially that we have had to play the part of a self-appointed advocate. We would warn the reader

against seeking there the expression of our own beliefs. The method, the general mechanisms, and the sexual theory being known, it is possible to enter upon the study of the morbid psychic levels. Chapter IV is devoted to the general theory of the neuroses. Chapter V examines the various neuroses. To those who would like to obtain a clear idea of psycho-analytical treatment, we recommend the detailed synopsis of the observation of a patient by Frink which we have given in the section entitled "Psychogenic Anxiety States," pp. 250-268. Chapter VI deals with the psychoses. After the lower psychic functions, and the morbid psychic functions, there remains the higher psychic functions. Chapter VII expounds the Freudian theories on sublimation, art and religion. Chapter VIII ends the volume with a statement of Freud's conception of the structure of the psychic apparatus. This chapter has been deliberately set at the end, and is composed of only a few pages. The paradox which makes of psycho-analysis a metaphysical construction is only too well accredited. It is in order to avoid this capital error that we have given to dreams, neuroses and psychoses, a long and thoroughly concrete study.

Our first volume, devoted to the "setting forth" of psycho-analysis, will be followed by a second, in which we evaluate it. Our personal opinions and observations are to be found in this second volume only. Our opinion of psycho-analysis is founded not only on what we have read, but on what we have seen. Facts have convinced us on many points on which books left us uncertain. In the present volume we have not wished to rely on material which we have collected, as we would then have been forced, against the resolution we had made, to take up a definite position.

Have we succeeded, in the pages that follow, in completely withholding our personal views in order to present the psycho-analytic method and the doctrine of Freud with an absolute impartiality? We do not dare to maintain so much. But if it is vain to believe that one may contrive to eschew all partiality, it is the part of a philosopher to make the attempt.

R. DALBIEZ.

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FREUD'S WORKS:

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- B. P. P. *Beyond the Pleasure Principle.*
- D. "Fragment of an Analysis of a Case of Hysteria ('Dora')." 1905. *Collected Papers.* Vol. iii.
- E. I. *The Ego and the Id.*
- F. I. *The Future of an Illusion.* Trans. by W. D. Robson-Scott. Hogarth Press. 1927.
- G. *Delusion and Dream ("Gradiva"). An Interpretation in the Light of Psycho-analysis of a Novel by William Jansen.* Trans. by Helen M. Downey. Allen & Unwin. 1921.
- H. P. M. "History of the Psycho-analytic Movement." (1914.) *Collected Papers*, vol. i, pp. 287 seq.
- I. D. *The Interpretation of Dreams.* Trans. by A. A. Brill. Allen & Unwin.
- I. L. *Introductory Lectures on Psycho-analysis.* Trans. by Joan Rivière. Allen & Unwin.
- L. V. *Leonardo da Vinci.* Trans. by A. A. Brill. Kegan Paul.
- O. D. *On Dreams.* Trans. by M. D. Eden. Heinemann, 1924.
- O. P. "Obsessions and Phobias: their psychical mechanisms and their ætiology." First published in the *Revue Neurologique*, 1895, 30 January, No. 2, pp. 33-8. *Collected Papers*, vol. i.
- P. *The Origin and Development of Psycho-analysis (Lectures delivered at the celebration of the twentieth anniversary of the opening of Clark University, September, 1909).* Trans. by Harry Case, Fellow in Psychology at Clark University, and revised by Freud, in the *American Journal of Psychology*, vol. xxi, No. 2, April, 1910, pp. 181-218. The French edition has an introduction and a note on "Libido" by Claparède, passages quoted from which are marked, and retain the French pagination.
- P. E. L. *The Psychopathology of Everyday Life.* Trans. by A. A. Brill.
- P. L. A. *The Problem of Lay Analyses.* Trans. by A. Paul Maerker Branden.
- T. C. S. *Three Contributions to the Theory of Sex.* Trans. by A. A. Brill.
- T. T. *Totem and Taboo.* Trans. by A. A. Brill. Kegan Paul.
- W. *Wit and its Relation to the Unconscious.* Trans. by A. A. Brill. Kegan Paul.

VARIOUS OTHER WRITERS:

- Babinski and Froment. H. P. *Hysteria or Pithiatism*. Trans. by J. D. Rolleston, M.D., in Sir Farquhar Buzzard's Military Medical Manuals. London University Press (1918).
- Baudouin. S. P. *Studies in Psycho-analysis*. Allen & Unwin, 1922.
- P. A. *Psychanalyse de l'Art*.
- Blondel. P. *La Psychanalyse*.
- Delage. R. *Le Rêve*.
- Dumas. N. T. P. *Nouveau Traité de Psychologie*.
- T. P. *Traité de Psychologie*.
- Dupré. P. I. E. *Pathologie de l'Imagination et de l'Emotivité*.
- Frink. M. F. *Morbid Fears and Compulsions*.
- Hartenberg. P. N. A. *Les Psycho-Névroses Anxieuses*.
- Havelock Ellis. S. S. P. *Studies in Sexual Psychology*.
- Hesnard. P. H. *Psychologie Homosexuelle*.
- S. N. *Les Syndromes Névropathiques*.
- V. M. I. *La Vie et la Mort des Instincts chez l'Homme*.
- Janet. A. E. *De l'Angoisse à l'Extase*.
- A. P. *L'Automatisme Psychologique*.
- M. S. H. *The Mental State of Hystericals*. Trans. by Caroline Rollin Corson. Putnam's (Knickerbocker Press), 1901.
- P. H. *Psychological Healing*. Trans. by Eden and Cedar Paul. Allen & Unwin, 1925.
- O. P. *Les Obsessions et la Psychasthénie*.
- Jaspers. P. G. *Psychopathologie Générale*. (French edition.)
- Jones. P. P. *Papers on Psycho-analysis*.
- Krafft Ebing and Moll. P. S. *Psychopathia Sexualis*. (French edition.)
- Kretschmer. T. M. P. *Textbook of Medical Psychology*. Strauss.
- Laforge. R. P. *Le Rêve et la Psychanalyse*.
- Laforge and Allendy. P. N. *La Psychanalyse et les Névroses*.
- Logre. E. M. H. "Etat Mental des Hystériques," in Sergent's *Psychiatrie*, Ribadeau-Dumas and Babonneix, vol. i.
- Minkowski. S. *La Schizophrénie*.
- von Monakow and Mourgue. I. B. N. *Introduction biologique à l'Etude de la Neurologie et de la Psychopathologie*.
- Pavlov. C. R. *Conditioned Reflexes*.
- L. C. R. *Lectures on Conditioned Reflexes*.
- Pfister. P. M. *The Psycho-analytic Method*. Trans. by Payne.
- Régis and Hesnard. P. N. P. *La Psychanalyse des Névroses et des Psychoses*. (Third edition.)
- Rivers. I. U. *Instinct and the Unconscious*.
- Rogues de Fursac. M. P. *Manual of Psychiatry*. (Sixth French edition.)
- Stekel. C. N. A. *Conditions of Nervous Anxiety and their Treatment*. Trans. by Rosalie Gabler. Kegan Paul, 1923.
- Wittels. F. *Freud, his Personality, his Teaching, and his School*. Allen & Unwin.

CHAPTER I

THE PSYCHOPATHOLOGY OF EVERYDAY LIFE

Freud's work entitled *The Psychopathology of Everyday Life* is a collection of articles devoted to the study of lapses, omissions, errors, etc., in short, of a number of trivial circumstances of day-to-day existence, to which ordinarily no meaning is attached, and which are readily attributed, without further inquiry, to chance. The founder of psycho-analysis was the first to maintain that acts of this kind have a *meaning*—that is to say, that they are at once effects and signs of hidden affective urges. In many cases this psychic motivation is easy to discover, and is admitted without question, in other cases it is not apparent. Freud then brings in his special associative technique, as a result of which, he asserts, unconscious affective urges are brought to light. The criticism of his adversaries is naturally concentrated on this latter point.

To clarify the enunciation of the problem, we shall distinguish three cases. In the first, an affective urge is released without clashing with another urge; there is an absence of repression, a symptomatic act. In the second case, an affective urge clashes with another urge and can only be partially discharged; there is incomplete repression, a disturbed act. In the third case, an affective urge is completely checked in its discharge by another urge; there is complete repression, an inhibited act.

It will be observed that we are here using the word "repression" in the wide sense of the inhibitory action exercised by one urge upon another. Later on we shall see that this word takes on a more exact meaning.

I. Absence of Repression: the Symptomatic Act

The case of the symptomatic act is the simplest of all, and there is a consequent advantage in starting with it. Freud uses this name for actions which the subject carries out automatically, unconsciously, almost playfully, actions which, when questioned, he would declare to be meaningless and accidental.¹ One may quote as examples the humming of a musical air, the twisting of the moustache, fiddling with a button, etc. Freud maintains that these

¹ D., p. 93. P. E. L., p. 215. I. L., p. 48.

phenomena are signs revealing deeper psychic processes. Statements of this kind had been made before him. Claparède quotes in this connection the case of Rousseau:

In his *Sixième Promenade*, Jean-Jacques tells us that he had acquired the habit of making a detour as he approached a certain boulevard. On questioning himself as to the origin of this "mechanical" habit, he answers "This is what my reflection discovered, for none of it had till then been present to my mind": it was a matter of avoiding a little beggar whose chatter he disliked. "We have no mechanical impulse," Rousseau comments, "the cause of which may not be found in our hearts, if we but knew how to seek it there." Substitute "unconscious" for "heart" and you have the very purest essence of the psycho-analytical doctrine.¹

This example shows very clearly what Freud calls a symptomatic act. An act apparently meaningless is seen on closer examination to be perfectly motivated. A commonplace of "behaviour," the habit of taking such-and-such a road, shows a more intimate process—disgust at a little diseased beggar. The exterior act is at once the *effect* and the *sign* of the interior state, but their relation eludes consciousness.

In the case of Rousseau, the psychic process responsible for the exterior manifestation is without any great importance. It is not always so. What could be apparently of less significance than to count one's paces while walking? A student whom Pfister analysed had this habit, but only on passing through a certain street. Asked to concentrate his attention on this street and to say what came to his mind about it, he recalled that on the wall opposite the side along which he was passing there were obscene pictures which he wished to avoid.² The apparently mechanical act of counting his paces is seen to be a defence-reaction.

In the case of Rousseau, as in that of the student, one may think that the act was at first conscious; the one wanted to avoid the importunate beggar, the other the obscene pictures, in a quite deliberate manner. It was only later that automatization led to unconsciousness. This interpretation is plausible in many cases of habitual symptomatic acts, but there are others in which the subjects' actions betray such intimate secrets that it is improbable to suppose that the symbolic relation of the exterior gesture to the hidden psychic process has ever been conscious. If the subject had ever had the least suspicion that he was betraying the very depths of his being by a

¹ P., p. 23 (Claparède's Introduction to French edition); cf. Pfister, P.M., p. 382.

² Pfister, P. M., p. 377.

gesture, he would not have made that gesture for anything in the world.

A pupil of Pfister's had the habit of making a singular gesture; he used to push his nose up with one finger. One day when Pfister was speaking from the text "Sin is at the gate," he decided to make a little psycho-analytical exploration. Looking carelessly at the young man, he spoke of the temptations of lying, cheating, and theft. The pupil did not stir. The pastor added that unhappily there were also indecent words and actions: at once the young man's finger flew to his nose. At the end of the hour Pfister repeated the experiment, with the same result. Nine months later the young man came of his own accord to ask the pastor's help, and to confess that he masturbated. The nasal gesture was then explained: the smell of semen disgusted him.¹

Let us examine in detail this psycho-analytical interpretation. It starts from the hypothesis that the grimace has a meaning, that it depends on psychic processes probably of a painful nature, perhaps on some moral conflict. To verify the hypothesis, the analyst speaks of different temptations in turn, without producing any reaction. Then he speaks of sexual temptations; at once the gesture appears. This is the first indication to confirm the hypothesis. One may see in it nothing but a coincidence; and so the experiment is repeated at the end of the period, with the same result, adding a second confirmatory indication to the first. The voluntary confession of masturbation shows that the sexual hypothesis was well founded. If one wishes to cling to the explanation of chance, it must none the less be admitted that there is a third coincidence. Finally the admission of the disgust caused by the smell of semen is a fourth indication, striking in that it makes the situation psychologically intelligible. We have then the choice between two solutions: either to declare that the convergence of the four indications is pure chance, a simple coincidence, an illusion mimicking causality, or to admit the psycho-analytical interpretation, that is to say, to consider the gesture in question as an effect-sign of the masturbation complex.

This example (which incidentally we have simplified by reducing it to its principal issues) clearly shows the proper character of psycho-analytical interpretations. They consist essentially in the accumulation of indications and in the appreciation of their convergence. Considered apart, each indication proves little or nothing, but, at least in certain cases, the convergence of indications does appear to reveal a hidden causality.

The three cases which we have just quoted¹ have been chosen

¹ Pfister, P. M., pp. 78-9.

from the group of symptomatic habitual acts. These latter are closely related to tics, if indeed they are not to be identified with them.¹ This important statement of Freud enables us to show that his views on symptomatic acts are not those of an unsupported thinker, but that they amplify the work of several writers, such as Brissaud, Meige and Feindel, and Janet, on the psychic origin of tics.² Freud's special contribution has been to carry research into psychic motivation much further than his predecessors. Their knowledge appears to be limited to impulses conscious to begin with, later becoming unconscious through habitual automatization. It seems that not even Janet, who has published some very good examples of unconsciously motivated tics,³ maintained the theory of the *original* unconsciousness of certain tics. This is all the more easily understood in that Janet sees in the unconscious nothing more than a residue of the conscious. He has always protested, in the name of this conception, against the dynamic interpretations of Freud. In his latest publications he still maintains this point of view.⁴ Freud's disciples, on the other hand, and the psycho-analyst dissenters have generalized the views of the Viennese master on symptomatic acts, and have extended them to explain the persistence of stereotyped gestures in cases of dementia praecox. Jung has given some classic instances of this.⁵

It is another of Freud's basic conceptions that there is continuity between the normal and the abnormal. Symptomatic acts are in no way the peculiar characteristic of the neuropath or of the insane; they may equally well be traced in those of sound mental health, and Freud goes so far as to say that they are indistinguishable from the gestures and movements which serve to express emotion.⁶ This indication shows the connection of Freudian researches with a classic chapter on psychology. Mimicry and writing, to quote but these two cases, have always been recognized as psychic derivatives. The unconsciousness of the symbolic relation of the exterior expression to the state of mind has also been admitted, though without much insistence. But, before Freud, only indications of a very general order have been claimed for that kind of expression; search has, for example, been made for the graphological signs of a certain type of character or of a certain disease. The disturbances of writing in general paralysis are well known. Psycho-analysis has introduced a new point of view by asserting that the expression can also give

¹ P. E. L., p. 219.

² Cf. Janet, O. P., vol. i, pp. 156 seq.; vol. ii, pp. 215 et seq.

³ Janet, N. I. F., vol. i, p. 397.

⁵ Minkowski, S., p. 137.

⁴ Janet, A. E., vol. ii, p. 275.

⁶ I. L., p. 48.

information about *individual complexes*. Pfister, in particular, has undertaken to reveal in hand-writing, drawing and painting, the consequence and the manifestation of the personal psychic problems of each subject.¹ It will be observed that psycho-analysis seems to have undertaken the task of proving down to its last detail the Leibnizian concept of the symbolization of the soul by the body.

We have said that Freud held the symptomatic act to be, at least in certain cases, *originally unconscious*. This quality of original unconsciousness is more easily evidenced in isolated symptomatic acts than in those which have become habitual; on the other hand, it is less easy to demonstrate their significant, semi-purposive quality.

Here is an example of a symptomatic act, mid-way between the action which is only performed once and the fixed and rooted habit. Pl—, a student suffering from various neurasthenic disorders, told Dr. Flournoy (junior) that at the age of nine he used to indulge in a little game which afterwards much perplexed him.

It was during a summer holiday in the country; his fancy had led him to build a sort of little slaughter-house with a slate and a few stones, over a mole-hole. The game consisted in catching grasshoppers and beheading them on the slate by means of a sharp pebble. Then, after having sucked and sometimes eaten the creature's legs, the boy hid its remains in the hole. He acted always in the same manner—*ritually*, so to speak—and this behaviour, which his imagination had spontaneously evolved, was one of his favourite amusements when he was allowed to play by himself.²

Unless the accuracy of the student's memory is to be disputed, here it is clearly a question of a symptomatic act whose aim has *never* been conscious. The fact that the child was not addicted to other similar games, and only indulged in this one during one summer season, helps the analysis considerably by limiting the field in which the unconscious psychic motives of this strange behaviour must be sought.

Here are the subject's associations. The word "grasshopper" suggests to him the colour green: "He would never have had the idea of attacking a cricket, for instance; it was necessary that the creature to be sacrificed should be green."³ The colour green immediately evokes the memory of a school-master whom Pl— cordially disliked: "Always, he said, even before I had seen him, at a time when I had only heard him spoken of, I imagined that this

¹ Pfister, P. M., pp. 371-6, 378-81, 388-400.

² Flournoy (junior), "Symbolismes en psychopathologie," in *Archives de psychologie*, vol. xvii, p. 202.

³ *Idem*, *ibid.*

master, who represented to me the force to which I would have to submit and which I loathed in advance, must be green; but I have never understood why."¹ Here is clearly an extremely characteristic case of visual association. It would have been interesting to explore its origins, but the analysis was not carried so far.

"To suck or eat grasshoppers" at once suggests the Gospel story of the life of St. John the Baptist in the desert, where he lived on grasshoppers.

This strange story, the patient tells us, had been imprinted on my mind when I was a little boy. I thought, too, that John the Baptist must possess unique strength and power, for I had been struck by a big picture in my parents' house showing the man alone in the desert. He was represented full-face, his body strongly muscled and naked except for a lion's skin round his loins. He was immensely tall, and stood for me as the typical strong man, the irresistible athlete.²

In possession of the associative material we have just outlined, Flournoy suggests the following interpretation:

What then was this boy doing when, alone in the country, he used to eat grasshoppers? If he had analysed his fantasy at the time, would he not have discovered that after all he was simply imitating John the Baptist—that he was *playing at being the strong man*? His symbolic act was even more accurate than such acts usually need be to satisfy children's imagination. Remember how many of them, to play at riding, need only a stick to take the place of a horse, whilst others, sitting on a plank, imagine they are ship's captains. In the same way, to identify himself with John the Baptist, the man who filled him with so much envy and admiration, Pl—— could not improve on eating grasshoppers.³

It remains to discover why this strange urge made itself felt only during that summer holiday, and never at any other time. Here too the patient's associations are very revealing.

As a child, he says, I was extremely nervous and timid; I only felt happy in my mother's presence. I avoided other people. My father filled me with alarm; I was terrified of him; as for the school-master, I feared him too, and detested him. That was why I was so glad when the summer holidays came round, for then I was free of my lessons and I could spend as much time as possible with my mother. . . . That summer my father fell seriously ill, a thing which had never happened to him before, and for several weeks my mother

¹ Flournoy (junior), "Symbolismes en psychopathologie," in *Archives de psychologie*, vol. xvii, p. 202.

² *Idem*, p. 203.

³ *Idem*, p. 203.

never left his side. She was continually in his room to nurse him, so that I could not see her. It distressed me to know that my father was ill, but I was *above all upset at being deprived of my mother* just at the time of my holiday. Those hours spent all alone in the country seemed to me endless, and it was then that I thought of my little game with the grasshoppers.¹

Thus reset in its psychological context, the action of the boy of nine, at first so bewildering, reveals its hidden meaning. We are dealing with a compensatory fantasy.

In the course of this critical summer, concludes Dr. Flournoy, young Pl—could have asked nothing better than to take the place of his father—the man whose authority he feared, as he feared that of the school-master—and to enjoy in his turn a monopoly of his mother's care which he so urgently desired. Reality did not permit this; he felt himself little and forlorn. It was then, with the help of favourable attendant circumstances, that he unconsciously invented his game, which at first sight was so childish and unintelligible. *To kill the green creature, symbol of the "hereditary enemy" who was keeping him away from his mother*, that is to say, the master at ordinary times, and the father at this particular period: *then to eat the grasshopper in order to imitate the "strong man"* and thus feel himself for a moment the equal of the school-master or the father—that, in broad outline, is the meaning of the rite. It is probable that the other stereotyped details of the action, such as the decapitation of the insect, or burying the remains, also hold a deep significance which a thorough analysis might have been able to bring to light.²

The Freudian notion of the symptomatic act completes the academic concept of the "expression" from two points of view. First it applies to the more strictly individual content of the expression. Then, and in consequence, it enlarges the field of the unconscious expression. One is usually content to contrast the train of physiological events, which are for the most part unconscious, and are merely the accompaniments of a general type of psychic event (as for example the dilatation of the pupil associated with fear), with a conscious and purposive expression (as for example a gesture of refusal).³ Freud, however, has introduced an intermediary conception between these two antitheses, namely the expression of an individual complex that is psychically determined, but unconsciously so. There would thus seem to be three ways through which the psyche can affect the organism causally. It would clearly be a convenience to use a special term for each of them. We shall therefore distinguish the simple reaction, the unconscious expression, and the

¹ *Idem*, pp. 203-4.

² *Idem*, p. 204.

³ Jaspers, P. G., p. 227.

conscious expression. In the simple reaction, of which the dilatation of the pupil produced by fear is a typical example, the physiological event is generally unconscious; its relation to the evocative psychic event is fixed and as it were stereotyped; this relation is unconscious. In the unconscious expression, of which the game with the grasshoppers is a good instance, the exterior act is conscious in itself; its relation to the psychic event on which it depends is variable and plastic, one might say that it was of an associative order, since the individual used it as a means. But—and this is the important point—the relation of the action to the complex is unconscious. Finally, in the conscious expression, in a threatening gesture for example, the external act is conscious, its relation to the psychic state which it expresses is variable, and above all it is perfectly conscious. Academic psychology has studied the simple reaction and the conscious expression almost exclusively; it has neglected, if not actually been unaware of, the unconscious expression. Moreover it lacked a technique which would have enabled it to make the necessary analysis. The associative method invented by Freud enabled him to explore this obscure field. Later we shall examine the associative method at great length; we might almost say that it is the chief purpose of our work. We shall see that that method necessarily follows an important psychological fact of which we have already given examples, viz., the unconsciousness of endo-psychic relations.

It will be observed that in the three kinds of expression which we have just considered, there has been no question of unconsciousness of causes, but only of unconsciousness of effects or of relations. The omission is intentional. Freud would say that we are still in the realm of the preconscious. He finds no difficulty in admitting that the causes themselves may be unconscious. It is to facts of this last type that he limits the field of the unconscious in the strict sense.

The importance which Freud attaches to symptomatic acts as a means of exploring the psychic structure is evident from the following quotation:

When I set myself the task of bringing to light what human beings keep hidden within them, not by the compelling power of hypnosis, but by observing what they say and what they show, I thought the task was a harder one than it really is. He that has eyes to see and ears to hear may convince himself that no mortal can keep a secret. If his lips are silent, he chatters with his finger-tips; betrayal oozes out of him at every pore. And thus the task of making conscious the most hidden recesses of the mind is one which it is quite possible to accomplish.¹

¹ D., p. 94.

II. Incomplete Repression: the Disturbed Act

The study of symptomatic actions has brought us face to face with one of the most important concepts of psycho-analysis: unconscious motivation. Although Freud's point of view is so original, it cannot be said to be peculiar to him alone; for a number of writers have admitted the causal action of the unconscious. A new group of acts, which could be called disturbed acts, leads us to consider an idea which Freud has so widely developed that he has, so to say, made it his own, viz., the idea of psychic conflict and repression.

While the symptomatic act possesses a real unity, and is simple, the disturbed act is remarkable for its dualism: it is an intersection of forces. The notion of the meeting of forces is fundamental in Freud, it is to be found in all his explanatory studies. Reduced to its essence, it is clearly nothing but a restatement of the thesis of Aristotle¹ and of Cournot,² which finds in chance, and still more deeply in disorder and evil, the meeting of independent causal series. One may even say that this notion, more or less consciously expounded, belongs to the common inheritance of the human race. Freud's merit has been to apply it methodically and closely to the whole field of psychopathology, and to demonstrate at every point that disorder is nothing but the movement of causes across each other.

Disturbed acts may be either cognitive or motor, but in point of fact the order to which they belong is often indeterminate.³ A very common type of disturbed act of the cognitive order is the mistake in reading. Let us analyse some examples of this.

During the war, Freud, on opening his newspaper, believed he read the headlines: "*Der Friede von Görz*" (The peace of Görz), while the actual text was "*Die Feinde vor Görz*" (The enemy before Görz).⁴ This mistake is very easily explained: Freud had two sons at the front. His mind was evidently preoccupied with their fate, and in the depths of his being he desired peace. A verbal similarity allowed this desire, which was more or less unformulated and in a state of repression, to discharge itself in the form of a mistake of reading.

Constantly throughout the war, a business man, a friend of Hanns Sachs, told him that when his class should be called up, he would not

¹ Aristotle, *Physics*, bk. ii, chaps. iv, v, vi (195b, 30-198a, 14).

² Cournot, *Essai sur les fondements de nos connaissances*, chap. iii, pp. 36-52 (new edition of 1912).

³ Jones, P. P., p. 79.

⁴ P. E. L. (This quotation does not appear in Brill's translation: cf. Translator's Preface.)

use his right to employment behind the lines as a possessor of special knowledge, but would ask to be sent to the front. Nevertheless, when that particular class was called upon to serve, he requested to be detailed for service behind the lines, and told Sachs of it without giving any explanation. The next day the two men met in an office; Sachs was writing and his friend glanced for a moment over his shoulder and exclaimed: "Why, it says *Druckbogen* (printed formulas), and I had read *Drückeberger* (shirker)."¹ Here again the explanation is obvious. The business man was more or less successfully repressing the shame which he felt at his lack of courage; a chance verbal resemblance allowed the blocked sentiment to slip into consciousness.

These examples are sufficient to make intelligible the Freudian theory of errors of reading, and of the disturbed act in general. All is explained by the intersection of forces. An urge is about to be expressed; it presents a superficial resemblance to another suppressed urge, in a state of repression; this resemblance frees the repressed urge, which is unexpectedly discharged in place of the other. The disturbed act is due to a "failure of repression," which allows the "return of the repressed."

In the above examples, the whole process takes place at the superficial levels of the psychic structure. The subject recognizes the repressed urge to be his, and he is equally conscious of having struggled against it. In more exact language, one should say that the urges in conflict are on the level of the "preconscious," and that it is a case of "suppression" (conscious and voluntary rejection), rather than of "repression" (unconscious and automatic inhibition). Up to this point, even Freud's opponents would be disposed to admit his interpretations.² The divergence only appears when Freud asserts that identical processes of intersection of forces can be worked out in the deep levels of the psychic structure, and that in such cases the subject is conscious neither of the repressed urge nor of the repression.³ It must incidentally be recognized that most of the examples given by Freud in his *Psychopathology of Everyday Life* relate to the superficial psychic structure. Where the deep psychic structure is concerned, one is bound to proceed by a summation of inferences.

This question of the degrees of unconsciousness may be presented in another form. In dealing with the expression of the psychic by the organic we have distinguished three cases: in the simple reaction, the effect and the relation are unconscious; in the unconscious ex-

¹ P. E. L. (This quotation does not appear in Brill's translation: cf. Translator's Preface.)

² Blondel, P., p. 217.

³ I. L., pp. 38-46.

pression, the effect is conscious, the relation alone is unconscious; in the conscious expression, the effect and the relation are conscious. More simply, we have supposed that the cause was habitually conscious, recognized by the subject—that is to say, in Freudian terminology, “preconscious.” The Freudian “preconscious” corresponds with what is ordinarily called “the virtual field of the consciousness.” We have mentioned that the cause could be unconscious, in the strict Freudian sense, not recognized by the subject as his own. In the study of disturbed acts, we can leave on one side the case where the effect is unconscious: cases of this kind can only be known when they involve a disturbed act of the motor order; if a disturbed act of the cognitive order were unconscious, we should of course have no means of becoming aware of it. We need, then, only concern ourselves with unconsciousness of the relation or unconsciousness of the cause, unconsciousness of the effect offering nothing of interest. It follows that it will be enough for us to distinguish two degrees of unconsciousness, or, if the term is preferable, two types of unconsciousness. In the first type, the effect and the cause, taken separately, are conscious, only the relation of causality is unconscious. In the second type, on the contrary, the effect only is conscious, the cause and the relation of causality are not. This distinction between unconsciousness limited to relations, and that which includes relations and causes, approximates to what Freud postulates as existing between the preconscious and the unconscious. He calls preconscious the elements which are only non-conscious at a given moment, which the subject recognizes as his own, and which he can call up at will. He keeps the term unconscious for the elements which are non-conscious in a permanent manner, which the subject does not recognize as his own, and which he cannot call up at will, but only by means of special techniques such as hypnosis and psychoanalysis.¹ As Hesnard has rightly emphasized, misconception of this point has seriously confused discussion of unconsciousness occurring in delirium. The patient is conscious of his delirium just as he is of the facts on which it is based; what he does not see is the *nexus* between the two.² If it is not always so, it is at least frequently the case.

Reflection on this point will lead to the conclusion that it is difficult, once having admitted the possibility of unconsciousness of the relation of causality—as do all Freud’s opponents—to proceed to deny the possibility of unconsciousness of the cause itself. Let us

¹ I. L., p. 124; 192, etc.

² Hesnard, “Psychanalyse d’un cas de psychose paranoïde chez une jeune fille,” in *L’Evolution Psychiatrique* (old series), vol. i, p. 98.

examine a case of a disturbed act in which we have admitted that there is only unconsciousness of the relation—for example, Freud's mistake when reading the newspaper: "*Der Friede von Görz*" (The peace of Görz), when the real text was "*Die Feinde vor Görz*" (The enemy before Görz). At the exact moment when Freud committed this error, was he thinking of his sons at the front? Very probably not. Therefore in strict phraseology one must say that not only was the relation between the disturbed act and its cause (his preoccupation with the fate of the boys) unconscious, but that the cause itself of the mistaken reading was *at the time* unconscious. No doubt, this preoccupation was habitual with Freud and very often conscious, but at the very moment it acted, it may quite well not have been conscious. This statement sensibly lessens the distance between the cases which we consider under the heading "unconsciousness of the relation," and those which we class under the heading "unconsciousness of the causes." In fact, *at the very moment in which the disturbed act is produced*, there is unconsciousness of the cause in both cases. But in one case the cause is quickly recognized, in the other it is not. Since all the evidence goes to show that there can only be consciousness of the present, not of the past or of the future, one is at last bound to admit that the cause of a disturbed act can only be arrived at by inference. It follows that between the case of unconsciousness of the relation and the case of unconsciousness of the cause, there is no difference in kind. Taken in themselves, they are identical. Their difference is purely extrinsic, consisting in the fact that in the first case the subject immediately discovers the interpretation, while in the second he fails to find it, or even denies it if a second party suggests it to him. In practice, moreover, the transitions from one case to the other are imperceptible, and it is doubtful in which of the two categories some examples should be classed, as an examination of the different kinds of disturbed acts which we are about to consider shows.

Mistakes of hearing take their place beside visual errors, the most interesting of which are mistakes of reading. Freud only refers to the former in passing, and has collected no examples of them. In Jung's word-association test, a mistake of hearing is a sign of a complex. Among the stimulus-words there is even a systematic arrangement of "critical words," which have one sound, but two spellings and two meanings, such as *mal* and *malle*, *mer* and *mère* ("evil" and "trunk," "sea" and "mother"). The subject of course interprets these in accordance with his habitual preoccupations.¹ Here is a simplified example of mishearing leading to the discovery of a complex. One

¹ Jones, P. P., pp. 396, 405.

of Jones's patients, submitted to the word-association test, heard "wall" instead of "ball"; he answered this stimulus-word with the word "paper." Later in the experiment the word "paper" was itself used as a stimulus, and the subject reacted with the word "wall." Signs of emotion were also present, and a longer reaction-time. These indications attracted Jones's attention. Asked to associate on the expression "wall-paper," the patient brought up the "memory of a murder case in Edinburgh where a woman for a murderous purpose obtained arsenic from wall-paper; a fear he had had of lying in bed close to the wall owing to the danger of being poisoned from the arsenic in it."¹ The mistake of hearing "wall" in place of "ball" is seen to be an effect-sign of a phobia of poisoning.

If one were to stop at this point, one would say that the disturbed act has only shown a preconscious psychic element, but Jones carried his investigations further. He went beyond the region of unconscious relations of causality, and entered that of unconscious causes. The ridiculous phobia of poisoning from wall-paper itself requires an explanation, but that presupposes a knowledge of the Freudian theory of the neuroses. We shall not therefore follow up the study of this case, only pointing out that a deeper investigation into the determining factors of a mistake of hearing may lead to the field of the unconscious proper.

Mistakes of memory show the same mechanism as visual and auditory errors. Here is an example of a mistake of memory for which I am indebted to Pfister.² A girl aged fourteen and a half used to suffer from attacks of anxiety and from a pronounced stammer. After four months' treatment, at the rate of one or two hours a week, the patient stated that the stammer had broken out the first day she went to school. She had had an appalling fear of school, and had had to be taken there by force. In the course of analysis, she asserted that she had believed at that time that there was a lion on the left of each bench, and a tiger on the right, and that if the child got up, the fierce beasts pounced upon him and ate him up. Pfister refused to admit that an intelligent girl of about seven years old should have had so absurd a notion. It was therefore a case of a mistake of memory, a false recollection. But a disturbance of this kind must, according to Freud's principles, have a positive cause. The analysis later revealed that the child had an intense fear of her father, who used to come home drunk very late at night. At such times her mother often had to take the little girl to a neighbour's house. In the course of violent conjugal scenes, the patient had often heard her mother say to the drunken brute: "Don't roar like a lion

¹ Jones, P. P., p. 412.

² Pfister, P. M., pp. 226-8.

or a tiger!" The father in turn used often to say to the little girl: "Wait a bit till you meet a strict teacher; you'll find his treatment very different from mine!" The child's terror at the prospect of going to school is therefore easily explained. As to the false recollection which appeared in the course of analysis, it is an effect-sign of the presence in the unconscious of deeply repressed painful impressions which were later to emerge into the full light of consciousness. The mistake of memory is therefore reducible to the distortion of a memory present in consciousness by a stream with a strong affective charge coming from the unconscious.

The mistake of memory leads us to consider the camouflage, or memory-screen. Freud gives this name to a memory which is in itself without interest, and the preservation of which is not explained. Analysis shows that it is only a substitute for important memories, the direct reproduction of which meets with a resistance.¹ It is therefore the result of an intersection of forces; and in this it resembles error, but it cannot be said that it constitutes an error, strictly speaking; it is rather an anomaly of the memory. Further, the case of the memory-screen seems very much akin to that of the forgetting of names, with the formation of substitute-names. In the latter case, the subject is aware that he has forgotten the name he wants; this consciousness of having forgotten something, this apprehension of the substitutional quality of the psychic product present in consciousness, is lacking when it is a case of a true camouflage.² Considered thus, this phenomenon may be approximated to the symptomatic act, and we may speak of "symptomatic memory." These considerations demonstrate the difficulty there is in classifying the memory-screen. All the actions studied in the *Psychopathology of Everyday Life* run into one another, and the headings under which they are listed are fatally artificial.

Freud has devoted a little book to the study of a childhood memory of Leonardo da Vinci, and he has also studied a similar memory in the case of Goethe. Here we shall limit ourselves to a briefer example. Analysing his earliest memories, Freud sees himself, between the age of two and a half and three, weeping and crying before a chest, the lid of which his half-brother is holding open; his mother, slim and beautiful, suddenly enters the room as though coming in from the street.³ Although at first sight this scene seems almost incomprehensible, analysis leads Freud to an unexpected hypothesis: he had believed that his absent mother was shut up in the chest, and had insisted that his half brother should open the lid. The return of his mother had allayed the child's distress. But whence

¹ P. E. L., pp. 57-8.

² P. E. L., p. 60.

³ P. E. L., p. 67.

could have come the absurd idea of looking for his mother in the chest? Studying his dreams of the same period, Freud found a vague memory of a children's nurse who asked him to give her all his savings. Then he decided to question his mother directly. She told him that this servant had committed a number of thefts in the house while her mistress was confined in childbirth. Freud's half-brother, who was about twenty years old at that time, had given information, and the nurse had been arrested. The memory then became comprehensible. Young Sigismund had noticed the disappearance of the nurse, and his elder brother had told him that she was "confined." The child had accepted this expression literally. Missing his mother, who was confined at the birth of his little sister, he imagined that she too was "confined." The emphasis on his mother's slimness is likewise explained. When little Sigismund saw her again, the first time she got up after her confinement, he must of course have been struck by the contrast. The dissection of this apparently meaningless memory leads one to see in it a substitute for the memory of the birth of his sister. From the point of view of the correspondence of dates, Freud relates that he is two and a half years older than his sister, and that his half-brother left the family house when his younger brother was approaching his third year. The analysis was made forty years later.¹

With mistakes of seeing, hearing, memory, and memory-screens, we leave the cognitive field, and must now pass to disturbed acts of the motor order, of which the best-known type is the *lapsus linguæ*.

The *lapsus linguæ*, Freud is careful to warn us, has been studied before him.² Meringer and Mayer have indeed given it a fairly advanced classification.³ Here, with examples, are the principal types they allow:

1. Inversion. Example: "The Milo of Venus" instead of "The Venus of Milo."
2. Anticipation. Example: "Pantolon" instead of "Pantalon."
3. Recall. Example: "Puerpueral" instead of "Puerperal."
4. Contamination. Example: "Vorschwein" by fusion of "Vorschein" and "Schweinerei."
5. Substitution. Example: "Piscine" (swimming-pool) instead of "Vessie" (bladder).⁴

Meringer and Mayer explain the lapsus by a theory founded on interferences of tone. This is therefore really an explanation in

¹ P. E. L., pp. 67-8.

² I. L., pp. 42-5; P. E. L., pp. 71-80.

³ We here follow the terminology of Dr. de Saussure, which we think preferable to that of Freud's translator, Dr. Jankélévitch. (D.)

⁴ de Saussure, M. P., p. 85.

terms of the crossing of causal series—we have already noticed that all theories of disorder must accept this fundamental thesis, to avoid giving disorder a positive quality—but the explanation of Meringer and Mayer does not conceive of the causal series in question as possessing affective meaning. According to Freud and his pupil Saussure, the explanation by pure interference of tone is only valid for the three first types: inversion, anticipation, and recall.¹ In dealing with lapsus by contamination and substitution, it is found that their explanation must be sought outside the sound of the phrase as pronounced, “in the floating verbal images lying beneath the threshold of consciousness,” as Meringer and Mayer have themselves observed. Here is a lapsus by contamination which these writers interpret in a manner identical with that which Freud was to resume and to generalize. R——intends to speak of conduct which shocks him, and instead of saying “Dann sind aber Tatsachen zum *Vorschein* gekommen” (Facts were then revealed), he says “Dann sind aber Tatsachen zum *Vorschwein* gekommen.” When questioned, R——explains that he was mentally stigmatizing the facts in question as “swinish” (*Schweinereien*). The lapsus becomes perfectly intelligible.²

It is Freud's originality not to stop at purely physiological explanations of lapsus, nor at psychological explanations which take no account of affective teleology. In his view, the lapsus, as indeed every disturbed act, has an end, and is caused by the discharge of a repressed affective urge.

“A lady who is well known for her determined character says: ‘My husband asked his doctor what sort of diet ought to be provided for him. But the doctor said he needed no special diet, he could eat and drink whatever *I* choose.’”³ Such a lapsus is a clear effect-sign of a domineering character.

The *lapsus linguae* can sometimes reveal important facts that the subject would like to keep hidden. Dr. Brill one day met a colleague of whom he had lost sight for years, and who, in the course of conversation, told him that he had remained unmarried. As he was leaving, the doctor in question abruptly said to Brill: “I should like to know what you would do in a case like this: I know a nurse who was named as co-respondent in a divorce case. The wife sued the husband for divorce and named her as co-respondent, and *he* got the divorce.” Brill interrupted him, saying, “You mean *she* got

¹ P. E. L. (not found in Brill's translation: cf. Translator's Preface); de Saussure, M. P., p. 85.

² P. E. L. (not found in Brill's translation; cf. Translator's Preface); I. L., p. 33.

³ I. L., pp. 27-28; P. E. L., 103-4.

the divorce." Dr. R—— immediately corrected himself, saying, "Yes, *she* got the divorce," and continued to tell how the excitement of the trial had affected this nurse to such an extent that she became nervous and took to drink, and he asked Brill to advise him how to treat her. Brill, struck by the lapsus, asked for an explanation of it. Dr. R——asserted that it had no meaning. Brill held to it, saying that he would be tempted to believe that R—— himself was the hero of the story, and that his lapsus could be explained by his regret that the case had not ended in his favour. Dr. R—— nervously persisted in his denials, saying that psycho-analysts were dangerous people, and took his leave. Brill made inquiries from a mutual friend, who told him that the facts had indeed been as he had conjectured.¹

However important may be the involuntary confession contained in the foregoing lapsus, it only marks a perfectly conscious fact. The following example shows that the lapsus may betray urges which extend even into the unconscious. A young woman, suffering from anxiety and agoraphobia, who was treated by Trepsat, one day committed the following lapsus: "Did you ask me how I dressed *when I was a boy?*" Of course she meant to say, "when I was a girl." The lapsus appears to be completely ridiculous. But Trepsat learnt in the course of analysis that in her childhood the patient used to dress as a boy as often as she could, and at the age of five or six, used to smoke her father's pipe in secret. Ten years later she wanted to be a student, followed courses of lectures at the Sorbonne, dressed in a tailor-made costume of an emphatically masculine cut, wearing a collar and beret and cutting a conspicuous figure in the boulevard Saint-Michel. Moreover the patient had a pathological and thoroughly perverted love for her mother. In short, Trepsat ascertained that the roots of the lapsus were buried in a "homosexual Œdipus complex" which must clearly have been to a large extent unconscious.²

The *lapsus calami* is amenable to the same mechanisms as the *lapsus linguæ*. It too can sometimes reveal important and deeply hidden urges. One of Brill's patients wrote his doctor a letter in which he explained his bad nervous condition by business embarrassments due to the cotton crisis. "My trouble is all due to that damned frigid wave; there isn't even any seed." Brill noticed that instead of "frigid wave" the patient had written "frigid wife." In his inmost

¹ P. E. L., pp. 103-5.

² Trepsat, "Du traitement des états anxieux par la méthode psycho-analytique," in *L'Encéphale*, Jan., 1920, p. 41; reprinted in the posthumous collection of Trepsat's works, *Œuvre psychiatrique*, p. 82.

being the patient was bearing a grudge against his wife because of her sexual frigidity and sterility, and he was not far from recognizing that the abstinence which he had to suffer played a great part in the genesis of his disorders.¹

Here now is a *lapsus calami* revealing an affective urge in process of formation at the time of the lapsus, which did not become conscious till much later. "Re-reading an old lecture note-book, writes Dr. Wagner, I suppose that the speed at which I had to write in order to follow the lecturer made me commit a *lapsus calami*: meaning to write 'Epithel' (epithelium) I had set down Edithel." Placing the accent on the first syllable of the latter word, one has the diminutive of a girl's name. The retrospective analysis is fairly simple. At the time of the lapsus, the relations between the girl who bore this name and myself were entirely superficial. They did not become intimate till much later. So that my lapsus appears as good evidence of an unconscious inclination, and that at a time when I was not even considering the possibility of intimate relations between Edith and myself."²

The *lapsus linguae* and the *lapsus calami* are disturbed acts at once of the cognitive and of the motor order; in actions involving mistakes and awkwardness the motor aspect is in the foreground. Freud believes that they can be motivated by more or less unconscious urges.

A group of young engineers was occupied in a series of experiments in elasticity, a piece of work which was long and tedious. One day one of them, named F—, said to his companion that he was in despair at losing so much time, as he had a great deal of work at home. His friend jokingly replied that he hoped that the machine would break down, as on a previous occasion. When they reached the laboratory, F— was given the duty of controlling the pressure tap. When the man in charge of the experiment cried "Stop!" F—, instead of closing the tap by turning it to the right (a rule which has no exceptions), turned it as hard as he could to the left. The pressure increased beyond the resistance-point of the tubing-system, and a pipe burst. The work had to be interrupted.³ The clumsiness of the engineer seems indeed to have been both involuntary and motivated.

Actions involving mistakes and awkwardness raise the question of unconsciously motivated accidents and suicides, of which Freud gives some interesting examples.⁴ In a very ingenious manner, he explains the ultimate realization of a number of presentiments of

¹ P. E. L., p. 129.

² P. E. L. (not found in Brill's translation; cf. Translator's Preface).

³ P. E. L., p. 190-1; I. L., pp. 62-3.

⁴ P. E. L., pp. 202-8.

death by a dim consciousness of an obscure will to suicide. More generally, he considers that superstitious belief in omens comes from a false outward projection of an unconscious psychic motivation.¹ We shall again meet this important mechanism of projection when dealing with paranoiacs.

III. Complete Repression: the Inhibited Act

The symptomatic act led us to consider the simple discharge of an unconscious urge; the disturbed act showed us this discharge of the unconscious partially arrested by interference from a voluntary and conscious urge. Freud has gone further; he holds that certain phenomena which are apparently purely negative, such as forgetting, may often be explained in their turn by the conflict of forces. Certain cases of forgetting would therefore not be due to a weakness of memory, but to the inhibitory pressure of a counter-force. Freud believes that these cases of inhibition are to be met with in normal subjects, at least as far as cognitive inhibition is concerned. With the inhibition of mobility by unconscious motivation we leave the field of the normal to enter that of hysteria.

This theory of "active forgetting" is peculiarly Freudian, and has encountered active opposition. While, in so far as the symptomatic act and the disturbed act are concerned, Freud's opponents admit several of his interpretations in the region of the superficial psychic structure, they unanimously deny his explanation of forgetting. To grant it would, indeed, be to admit in principle the whole theory of psycho-analytic mechanisms.²

Here is an example, borrowed from Frink, in which the inhibitory force, which was at first a voluntary and conscious suppression, later acquired a more automatic and less conscious quality. The interpretation being founded on the convergence of indications, it is necessary to state the case in detail.

Dr. Frink was the guest of a family whom he knew intimately. While husband, wife and guest were reading in silence, the mistress of the house suddenly interrupted with the question, "Who was it that wrote *Paradise Lost*? Was it Dante?" Her husband told her that she was mixing up the authors of *Paradise Lost* and of the *Inferno*. All then went on with their reading. Shortly afterwards, the husband went out. The young woman turned to Frink and asked him to explain a very disagreeable feeling from which she had been suffering for some time. She felt an unreasoning hatred for

¹ P. E. L., pp. 313-19.

² Rivers, I. U., pp. 162-3.

all young men with fair hair and blue eyes. Several of her husband's friends were of this type, and their visits always embarrassed her. She was aware that nothing in their behaviour justified this feeling, but she could neither free herself from it nor explain it.

Frink asked her to fix her attention on the type of man in question and to say everything that came to her mind. She spoke first of a fair-haired man whom both Frink and she knew slightly, then of another whom she knew no better. After a moment of silence, she began to laugh, blushed, and said with some hesitation, "I just now thought of someone else." Frink, who had certain suspicions, asked her, "And towards this man you felt no aversion?" She admitted that Frink had guessed right and gave him the following information, which explains both her aversion for fair-haired men, and her forgetting the name of the author of *Paradise Lost*. The man in question was her first cousin. He was a very handsome young man, with fair hair and blue eyes. When she was sixteen years old, she had been much in love with him, but because of their relationship and because he was ten years older than she, she had fought against her feelings, and tried to drive them from her mind. The complex, which had become largely unconscious, had not thereby been destroyed. When she married, she had destroyed the photographs of her admirers, but, as if by chance, she had "forgotten" to destroy that of her cousin. The aversion for fair-haired men was a compensatory reaction, a "reinsurance" against the return of the repressed love. Consciously, she wanted to forget her cousin, and thought she had succeeded; unconsciously she loved him still, as was shown by the incident of the photograph. Her forgetting of the name of the author of *Paradise Lost* was due to a perfectly understandable repression, for the cousin's name was Milton.¹

The psycho-analytical interpretation of this act consists in saying that the forgetting of the name of Milton has a meaning, and is not due to chance. Let us put the question differently. Everyone admits the principle of the sufficient reason, so that Freudians and non-Freudians alike must recognize that forgetting is determined. Freud's opponents will say that forgetting, an essentially negative happening, could not require a positive cause; it is a pure lack, an absence of stimulative force. The psycho-analysts answer that this explanation is only valid in the case of unimportant memories, with a weak affective charge. They draw attention to the paradox which consists in admitting both that a memory is important, and that impossibility to recall it is due to some intrinsic weakness. They conclude by asserting that logic demands that the reason for non-recall should be

¹ Frink, M. F., pp. 77-9.

sought in an extrinsic cause, in an inhibitory force, which is the whole theory of repression.¹

If the psycho-analytic explanation of the forgetting of the name of Milton is to be rejected, another must be put in its place. Will it be maintained that this name was not, in itself, firmly fixed? In the present case, that is quite untenable. Then it may be said that what was weak was the associative bond between *Paradise Lost* and *Milton*. It may be said that the name of Milton was in a sense monopolized by the cousin, and that being associated with his visual image, it could only with difficulty be linked with the weaker, merely verbal images relating to *Paradise Lost*. This is a plausible explanation, but it must be noted that it is limited to substituting for repression the idea of attraction by the suppressed, which merely postpones the question. It is true that it will be said that the cousin-complex, which attracts the word Milton and forbids its association with *Paradise Lost*, has been suppressed by a conscious force and not repressed by an unconscious force. In the view of a great number of Freud's opponents, it is essential to avoid this very notion of repression by an unconscious force. It must be noted that Freud expressly admits the idea of attraction by the unconscious, but he considers that this explanation is insufficient.² Even with this attenuated interpretation of attraction by the unconscious, excluding repression in the strict sense, much is conceded to Freud: once suppression and the disturbing action of the suppressed complex are admitted, it must be granted that forgetting has a meaning, a positive psychic motivation. In order to deny it, it must be maintained that the forgetting is due *exclusively* to the intrinsic weakness of the associative bond between Milton and *Paradise Lost*. This whittled down explanation has of course the advantage of being the simplest possible, but that is about its sole merit. Where psycho-analytic theory introduced order and unity, explaining *both* the forgetting of the name of Milton and the irrational aversion to fair-haired men, it only envisages disorder and pluralism, declaring that the cause invoked by psycho-analysis (repression) is an inadmissible fiction. We need not, for the moment, be partisan.

Freud has given many examples of forgetting by repression; as they are very well known and sometimes ill chosen, we shall again borrow from Frink, who is an author practically unknown in France, another example which seems to us interesting, for it gives a very clear idea of the psycho-analytic theory of forgetting, and also of the method of investigation of the unconscious evolved by Freud.

One of Frink's friends once asked him to tell him the name of a

¹ Jones, P. P., pp. 43-59.

² I. D., p. 505 (note 1).

shop which sold a certain article. Frink answered that he knew such a shop, but when he wanted to give the name, he found that he could not. Some days later, as he passed by the shop, which he knew very well, he glanced at its front and saw that the name which he had not been able to recall was *Pond*. He resolved to psycho-analyse his lapse of memory.

Fixing his attention on the word *Pond*, he thought of a certain *Dr. Pond*, who played as *pitcher* in a Baltimore baseball team. Thence, through the meaning of the word "pond," he passed to the *Indian Pond*, a pond to which he used to go fishing when a child, and he saw himself throwing into the water the big stone which served as anchor to his boat. Then he thought of a man called *Fischer*, who played as *pitcher* in another team.

Continuing his associations, he thought of *Pond's* extract, and of the fact that this product contains witch-hazel. This reminded him that, in his childhood, he used to rub his arm with witch-hazel when he was *pitcher* in a baseball team. He then thought of a rather fat boy who was a member of the same team, and he remembered with amusement that this boy had once fallen head foremost into a muddy puddle, and that he had come out in so ridiculous a state that, with his marked rotundity, he looked just like a pig. This brought the memory of another young man nicknamed *Piggy*, and then Frink recalled that he himself had been nicknamed *Pig*.

At that point he was interrupted for a few moments. He took up the analysis again at the word *Pond*, which induced the word *ponder*; from there he passed to the word *think*, then to the expression *sicklied o'er with the pale cast of thought*; this led him to *Hamlet*, to a certain village which he had thought of as a hamlet, to a farmer in that village who had told him that one of his neighbours had, in sheer malice, killed two *pigs* and had thrown them into the farmer's well.

At that point there suddenly arose a memory of his seventh year which gave Frink the whole explanation. He used to play with his brother on the edge of a pond. He had a dog of which he was very fond, which used to swim in the pond. The boy used to throw stones to the dog, which the dog used to try and catch, much to the joy of the two children. At last young Frink, wishing to frighten the dog, threw a huge stone, taking bad aim. The stone struck the dog squarely upon the nose; he was stunned, sank, and never reappeared. This was a terrible grief to little Frink, the greatest sorrow he experienced in his childhood. For months he was literally inconsolable, so that the incident actually made him cry out during the night. In short, this childhood's sorrow surpassed all normal limits.

As a faithful disciple of Freud, it is Frink's belief that the word

Pond was not forgotten by chance, but that the reason for its being forgotten was the painful story of the dog. All that related to this real drama of childhood was pitched in the same painful key, and was consequently thrust out of the field of the conscious by the instinctive reaction of the psychic structure against pain.

But the interest of the case is not only in the explanation of the lapse of memory; it lies also, and perhaps much more, in the spontaneous associations which help to explore the unconscious. On referring to them again, the reader will be struck by their *thematic* quality. From the beginning, they are grouped round a centre, they seem always to be revolving round a fixed point which is not seen at first, of whose hidden influence they seem to give traces, and which suddenly appears at the end. Let us again consider the associations in detail, and we shall see how they are polarized by the complex.

The first association relates to *Dr. Pond*; now Frink is himself a doctor, the accident took place beside a *pond*, and the *pitcher* in baseball is the man who throws the ball. The second association is that of the *Indian Pond*: this pond is situated in the same town as that in which the dog was drowned, and young Frink appears in it as throwing a big stone. The third association, concerning a certain *Fischer*, who was also a pitcher at baseball, again brings back the idea of water (*Fischer* = fisherman) and the idea of throwing.

Pond's extract, a compound of witch-hazel, once more evokes the image of projectiles, as Frink used to rub his arm with witch-hazel before playing his part as *pitcher*. The association which follows still contains the inevitable ideas of throwing and of a fall into water, but that is not all; for the young man in question is likened to a *pig* while the dog's name was *Gip*, which is the word *pig* reversed.

After the interruption, the analysis starts afresh. The word *ponder* (to "weigh" in the sense of to "consider") appears to be linked to the notion of "weight," "heaviness." The next associations on thought, the fatigue of thought, Hamlet, do not seem to be connected with the main theme. It must however be noted that they contain the word *cast*, often used in the sense of "throw." Again, with the story of the pigs killed and thrown into the well, the allusions closely bound to the complex reappear: *pig* and *Gip*, animals killed, thrown into the water. Thus prepared, the complex at last comes to the surface.¹

In considering a case of this kind, two attitudes may be taken: the psycho-analytical interpretation may be admitted, or one may remain sceptical. In order clearly to state the psycho-analytical

¹ Frink, M. F., pp. 51-3.

position, we shall reduce it to two statements: the forgetting of the word *Pond* has a *positive* cause, and this positive cause may be discovered by the associative method starting from the forgotten word as an inductor. The opponents of psycho-analysis will maintain that the forgetting of the word *Pond* is a purely negative occurrence, and that in consequence it has no positive cause. As to the chain of associations, they will declare it *non-thematic*. Criticizing a completely similar example given by Freud, that of the forgetting of the word *aliquis*,¹ Professor Charles Blondel writes:

One may quite well admit that each term in the chain of associations successively called up the following term to end thus at the last, without the whole chain having been from the beginning orientated towards the evocation of the last term and determined by it, just as in our walks we can either have an end determined from the outset, or end up, for example, by paying a visit, after a series of capricious turns inspired by a number of slight inclinations independent of one another. In the latter case, each of our comings and goings, taken in itself, is explained by the fugitive intention to which it has given a momentary response, and not by the result which has at last become the end of our random walk. We do not then always know where we shall end by going. On the same principle, does our unconscious always know long beforehand where it is going?²

The essential point of the dispute between Freud's supporters and his opponents lies, it will be seen, in the *thematism* of the spontaneous associations. The psycho-analysts would answer Professor Blondel's objection by saying that as the associative series is unwound, it is possible, by abstracting the qualities common to the associated elements, to realize the nature of the basic theme and to foretell the broad outline of the complex which will be revealed at the end of the analysis. Frink, practising a self-analysis, could not at once associate and interpret, but if he had had himself analysed by a competent colleague, the latter would have known, from the first associations, that the ideas of throwing and of water played a part in the complex. In a case which admits of verifiable forecast, it is not possible to speak of chance.

The explanation of the forgetting of words has brought us in touch with the basic mechanism of psycho-analysis: unconscious repression, as well as with its proper method: the study of associations. We shall constantly meet with these essential notions in the course of this work; at the moment we shall do no more than indicate them, reserving a deep examination of them for later chapters. We

¹ P. E. L., pp. 17-26.

² Blondel, P., p. 213.

must now describe other forms of forgetting, parallel to the forgetting of words.

Freud has applied his theory of repression to "the forgetting of impressions and of projects," maintaining that in all the cases he has studied, the forgetting was motivated by a disagreeable feeling.¹ The word "impression," chosen by Freud's translator, is not general enough, for in fact memories of all kinds are meant. Here is a representative example of this class.

A man who had recently lost his beloved wife, writes Freud, from an affection of the lungs, reported to me the following case of misleading the doctor, which can only be explained by the theory of such forgetting. "As my poor wife's pleuritis had not disappeared after many weeks, Dr. P. was called in consultation. While taking the history he asked among others the customary questions whether there were any cases of lung trouble in my wife's family. My wife denied any such cases, and even I myself could not remember any. While Dr. P. was taking leave the conversation accidentally turned to excursions, and my wife said: 'Yes, even to Langersdorf, where my poor brother lies buried, is a long journey.' This brother died about fifteen years ago, after having suffered for years from tuberculosis. My wife was very fond of him, and often spoke about him. Indeed, I recall that when her malady was diagnosed as pleurisy she was very worried and sadly remarked: 'My brother also died of lung trouble.' But the memory was so very repressed that even after the above-cited conversation about the trip to L. she found no occasion to correct what she had said concerning the family incidence of the disease. I myself was struck by this forgetting at the very moment she began to talk about Langersdorf."²

The forgetting of projects brings us to no new mechanism, so we shall only quote one brief example:

I like good blotting-paper, writes Freud, and resolve to take the opportunity of some shopping I have to do in the centre of the town to buy some. But for four days running I forget my resolve, and at last I wonder what can be the cause of this forgetting. I discover the cause when I remember that I am in the habit of writing *Löschpapier*, but of saying *Fliesspapier* (the two words both mean blotting-paper). Now "Fliess" is the name of one of my friends in Berlin, with whose name during the last few days there have been associated in my mind painful ideas and preoccupations. I cannot get rid of these, but the self-protective instinct is shown by its displacement, owing to the phonetic resemblance, to the project which was indifferent, and so offered less resistance.³

¹ P. E. L., p. 138.

² P. E. L., pp. 150-1 (note).

³ P. E. L. (not found in Brill's translation; cf. Translator's Preface).

It will be observed that the examples of cognitive inhibition which we have given all belong to the field of the memory. There are not wanting cases of sensory inhibition, but they are considered as hysterical symptoms, as also are cases of motor inhibition. It would not perhaps be easy to justify the difference of treatment whereby inhibition of memory is classed as normal whereas motor and sensory inhibition is considered pathological. Freud moreover holds that this classification is absolutely artificial; in his opinion, the same psychological schemata apply equally to the healthy and to the sick; the difference is solely one of the quantity of psychic energy involved.¹ The study of these inhibited acts thus brings us to the threshold of the problem of the neuroses.

After successively examining the symptomatic act, the disturbed act and the inhibited act, we have acquired a superficial knowledge of the general psycho-analytic theory. The three classes of act, between which we have divided the confused mass of minor incidents of everyday life, correspond to the different dynamic schemata which may be conceived: single force; meeting of two forces ending in the "formation of a compromise"; meeting of two forces ending in the complete inhibition of one of them. More complicated cases could easily be referred to combinations of the foregoing schemata. Ultimately, the whole Freudian doctrine of repression and of the censorship, of which unconvincingly anthropomorphic interpretations are often given, may be reduced to psycho-dynamism, to the explanation of psychic facts by a system of directed forces.²

We have often, in the foregoing pages, had occasion to indicate points at which Freud's views coincide with the conceptions of other workers which have now become classic. Opponents and exponents of psycho-analysis have laid much too much emphasis on its isolation. In our view, this isolation is highly related. The Freudian conception of symptomatic acts is contained in the extension of the psychogenic theory of tics held by Janet and the whole French school. It is in harmony with the classic ideas of expression, which it completes in one important particular. Many of them concur in accepting conflict between tendencies as an explanation of disturbed acts.³ One may say that common sense approves it when it is a case of conscious urges, and Freud has done nothing but extend it boldly to the unconscious. If the psychic structure is not identified with the conscious—and to-day that is less and less the case—Freud's generalization cannot be considered illogical. His theory of inhibited acts, notably that of forgetting as a defence, seems at first

¹ I. L., p. 300.

² I. L., p. 118.

³ Blondel, P., p. 217.

sight to be more isolated. It has had however some famous precursors. Darwin observed in himself the forgetting at will of what was disagreeable. Freud legitimately quotes the following passage from the autobiography of the great naturalist: "I had during many years followed a golden rule, namely, whenever I came across a published fact, a new observation or idea, which ran counter to my general results, I made a memorandum of it without fail and at once; for I had found by experience that such facts and ideas were far more apt to slip the memory than favourable ones."¹ Nietzsche has expressed the same idea in a striking manner in his *Beyond Good and Evil*: "'I have done that,' says my memory. 'It is impossible that I should have done it,' says my pride, and it remains inexorable. Finally my memory yields."² But prior to Freud it was Schopenhauer who carried the theory of repression furthest.

If the psychopathology of everyday life, as Freud conceives it, has its roots deep in the works of men of science and of perception and may usefully serve as an introduction to psycho-analysis, yet its importance must not be overestimated. The true interest of psycho-analysis lies elsewhere, namely in its interpretation of morbid thinking as found in the neuropath and the insane. But a profitable approach to this study demands first a close examination of a phenomenon which the thinkers of all ages have regarded as most nearly related to madness, viz., the dream.

¹ P. E. L., p. 170 (note).

² P. E. L. (not found in Brill's translation; cf. Translator's Preface).

CHAPTER II

DREAMS

The theory of dreams is undoubtedly the core of psycho-analysis. Freud himself has often declared it to be so. "The interpretation of dreams is the *via regia* to a knowledge of the unconscious element in our psychic life."¹ It is on the model of the dream that Freud has constructed his theory of the neuroses.

You must remember, he writes, that our nightly dream productions show the greatest outer similarity and inner relationship to the creations of the insane, but on the other hand are compatible with full health during waking life. It does not sound at all absurd to say that whoever regards these normal sense illusions, these delusions and alterations of character as matter for amazement instead of understanding, has not the least prospect of understanding the abnormal creations of diseased mental states in any other than the lay sense. You may with confidence place in this lay group all the psychiatrists of to-day.²

We must therefore examine the Freudian conception of the dream with particular care.

If Freud's *Traumdeutung* is "of the greatest significance and importance for the study of dream-psychology and analogous psychic mechanisms,"³ Wittels justly comments that "it is impossible to call it a satisfactory work."⁴ Freud himself was well aware of the difficulty with which he was faced. His associative method, to which we have already been introduced in the preceding chapter, only allowed him to use his own dreams or those of his patients as raw material. He was unwilling to use the latter, as that would have incurred the objection that his conclusions were not valid for normal subjects. His own dreams were all that remained to him; the deep analysis of these would have compelled him to turn his book into something worse than a public confession. In this dilemma, Freud decided to give as the basis of his great work the *abridged* analysis of some of his dreams.⁵ Wittels notes that the result of this method is that "Freud falls short in the very work which embodies the most

¹ I. D., p. 559; P., p. 200.

³ Kretschmer, T. M. P., pp. 85-6 (note).

⁴ Wittels, F., p. 71.

² P., p. 200.

⁵ I. D., *Introd.*

fundamental of his discoveries."¹ Indeed the publication of *Traumdeutung* passed unnoticed. Its author complained of this with some bitterness, attributing his failure to the general hostility towards his sexual theory.² He would have done better to lay the blame on the manner of his exposition. The sexual theory is independent of the interpretation of dreams. If Freud's book was unsuccessful at first, it was because the inductive material upon which he relied was in no way convincing. Simply to read the *Traumdeutung* could convince no mind endowed with critical sense. In order to appreciate the value of Freud's new conceptions, it was necessary to repeat his experiments on a vast scale. In such circumstances the temporary failure of the *Traumdeutung* was inevitable.

Things have changed since then. Many research students have undertaken the verification of Freud's statements, but strangely enough, it seems that the psycho-analysts have not systematically collected simple and convincing interpretations of dreams. Among the very numerous analyses of dreams which we have read in psycho-analytical works or reviews, there are very few which lend themselves to the needs of a didactic statement. Psycho-analysts seem in general to be unaware of the requirements of proof. Satisfying examples are very rare in works as voluminous as those of Jones or Pfister. We must except from this severe judgment the American psycho-analyst Frink, whom we have already quoted several times. It is true, as we shall see later, that he upholds various theories which we could not accept, but as far as plausibility is concerned, his analyses of dreams form a clear contrast to those published by Freud's disciples in general, and, it must be admitted, by Freud himself. We shall therefore borrow many examples from him. But before stating the psycho-analytic conception of the dream, we must, with Freud as our guide, consider the work of his predecessors.

I. The Study of Dreams Before Freud

If we leave on one side what primitive man and the philosophers of antiquity have thought about dreams, we find that the first problem tackled by scientific research is that of the relation between the dream and the waking state. This problem was solved in many different ways, some emphasizing the resemblances, others the contrasts.³ All agree that the dream borrows its materials from the waking state, but when this is granted, some maintain that the dream uses them in accordance with the tendencies of the normal personality, others that oneiric thought is a world apart.

¹ Wittels, F., p. 73

² H. P. M., pp. 303-7.

³ I. D., pp. 24-27.

The elements used by the dream seem to have been studied with more success than the form of the dream itself. The oneiric memory presents special characteristics which early attracted the attention of psychologists. The dream is often hypermnesic, bringing into play elements which the waking state can no longer command. Maury, Delbœuf, Hervey de Saint-Denis, and Myers have quoted striking examples of hypermnesia in dreams.¹ These forgotten memories aroused by dreams sometimes go back to childhood. Maury saw in a dream a person in uniform who told him his name was C—— and that he was the guardian of the bridge at Trilport. An old servant confirmed the accuracy of this childhood's memory.² There is another strange characteristic of oneiric hypermnesia: it often concerns elements which are completely insignificant and unimportant.³ This last fact makes it difficult to determine the exact origin of the dream's materials. While it constitutes a serious argument in favour of the theory which denies the truly annihilating type of forgetting, it has certainly contributed towards discrediting the dream, and towards allowing it to be considered as a psychic "by-product" of no value.

The psychologists before Freud have not only studied the materials of the dream, but also the stimuli and the causes which provoke it. These include firstly external sensory stimuli. The part they play has long been recognized. Maury has made classic experiments along those lines of which the following is an example. A pair of scissors and a pair of tweezers were struck together in his neighbourhood as he slept, and he dreamed that he heard the noise of bells, then the tocsin, and he found himself back in June, 1848.⁴ The explanation of the dream by external sensations enjoys great favour among educated people in general, but Freud points out that it is incomplete:

The fact that the stimulus influencing the senses during sleep does not appear in the dream at all in its real form, but is replaced by some other representation which is in some way related to it, presents fresh problems.⁵

To the same stimulus, the sound of an alarm-clock, Hildebrandt reacts with three different dreams: he thought he heard a church-bell, the tinkling of the bells of a sledge, and the clatter of a pile of dishes falling to the ground.⁶ It cannot then be maintained that the content of the dream is *adequately* explained by external sensation. This content assumes the association of memory with the sensation. Does

¹ I. D., pp. 27-31.

⁴ I. D., p. 40.

² I. D., p. 32.

⁵ I. D., p. 42.

³ I. D., p. 34.

⁶ I. D., p. 43.

this occur haphazard, or according to the classic laws of contiguity, similitude and contrast, or does it depend on deeper laws so far undiscovered? Such is the question asked by Freud.

Before giving his own answer, he points to other sources of dreams recognized by his predecessors. One of them consists in subjective sensory stimuli. The concept of subjective sensation, that is to say, sensation without an object (which must not be confused with internal sensation, which has a perfectly real object belonging to the body of the sentient subject), involves the whole theory of knowledge, and the simple fact of admitting its existence implies support of a certain metaphysical theory. Freud does not appear to have realized this, but it must be pointed out at this stage. Endophthalmic images (whose existence is a fact, whatever may be the theoretical disputes as to their nature) have been thought by many writers to be the source of hypnagogic hallucinations, of which the dream would be but a continuation. Trumbull Ladd has made interesting observations, using himself as subject, which would tend to prove that impressions on the retina might furnish the framework of dream-images.¹ If the irreducibility of the concept of subjective sensation be admitted, it will remain to be seen whether the dream does not show a unity of whole which demands the participation of forces superior to pure sensation. If on the other hand subjective sensations are reduced to a combination of internal sensations properly so-called and of images, in the strict sense, the same problem of an oneiric co-ordination which goes beyond the resources of sensation will again arise, as we shall see in dealing with internal sensations.

Explanations which involve the participation of internal sensations have always enjoyed special favour among psychiatrists. Ever since antiquity, observers such as Aristotle have noticed that dream-images may depend upon the beginnings of an illness and may help in its diagnosis.² The dream has therefore a certain semeiological value. If the internal sensations due to diseased organs provoke dreams, it is probable that the internal sensations due to healthy organs may also provoke them. One is thus led to a cœnesthetic theory of dreams, parallel to the cœnesthetic theory of madness.³ Freud does not deny the influence of internal sensations on dreams, any more than he denied the part played by external sensations and by the sensations known as subjective, but he points out that even

¹ I. D., pp. 47-8. The role assigned by Bergson to endophthalmic images in the production of dreams is well known. Freud does not examine his theory, even in the latest editions of the *Traumdeutung*. (D.)

² I. D., p. 48.

³ I. D., p. 51.

by combining the various sensory explanations, a complete account of the content of the dream has not been given. *The dream always adds something to the sensation.*

Strictly psychic sources must therefore be invoked in order to explain the dream. We must here give an exact interpretation of the word "psychic." It is unquestionable that *sensation is, in an exact philosophical definition, a psychic phenomenon*, because it is a form of knowledge. Science is forced to pause before this "irrationality," to use Meyerson's expressive terminology.¹ But if sensation is a psychic fact, it possesses the peculiar quality that its content strictly depends on material causes. The thing sensed is at once the cause and the object of the sensation. The image is a very different matter: it has no existing object, or it no longer has an existing object. The link between the fact of being the object of knowledge and the fact of being the cause of knowledge is broken. This difference places a gulf between the sensation and the image: and so, in spite of the influence of the empiricists who see between the sensation and the image a difference merely of degree, many writers, struck by this quality of independence possessed by the imaginative mind, reserve the term "psychic" for it and for the rational mind, and deny it to sensation. Thus has grown up the classic distinction between "psychic" and "sensory" or "æsthetic" hallucinations. This convention of language, which would be fatal if it carried with it the illusion of the reducibility of sensation to the physiological field, has the advantage of emphasizing the distinction between the sensation and the image, thus reminding us that the world of images has its own laws. Freud, who is not a philosopher, and who unfortunately boasts of it,² has not formulated the distinction between the sensation and the image in the terms which we have just used, but he insists nevertheless, that the dream is a psychic fact and that it is not explicable by pure sensation. We have done no more than translate it into philosophical language.

We have arrived at the point of maintaining that a complete explanation of the dream involves the positing of functions more highly psychic than mere sensation. But what are these functions? Pre-Freudians limit themselves, in general, to a combination of bodily stimuli with the preoccupations of the waking state, and to an appeal to the classic laws of association. Thus the dream becomes an associative phenomenon.³ But it must be recognized that the associative explanation, conceived in the traditional manner, leaves the enigmatic character of the dream untouched. The recognition

¹ Meyerson, *De l'explication dans les sciences*, pp. 181 et seq.

² A. S., p. 109.

³ I. D., p. 56.

of the part played by affectivity in the associative processes constitutes an important advance. Such psychologists as James and Höffding embarked upon this, but the study of dreams does not seem to have interested them particularly. Among Freud's predecessors Ribot saw perhaps most clearly that dreams are often dominated by the profound unity of an affective theme. Some of the examples which he quotes are very suggestive,¹ but he has not examined the question for its own sake. Moreover he, like all others who preceded Freud in this field, had at his disposal no method which would permit him to explore the foundations of the dream. At this point Freud's personal contribution comes in. By means of his technique he is able to generalize Ribot's point of view and to disclose the affective unity of the dream in cases in which it is invisible to anyone who does not use his method. At once the dream acquires a "meaning" and will be completely "revalued." But before stating Freud's ideas, we must finish those of his predecessors.

The study of the stimuli for and the causes of the dream leads naturally to a consideration of its properties. One of the most striking is the readiness with which dreams are forgotten. General theories of forgetting have been applied to the forgetting of dreams: weakness of the image, absence of repetition, lack of logical links, and to these have been added the contrast between the dream and the waking state. Though partially valid, these explanations do not fully solve the puzzle. Here again there is room for a supplementary explanation.² We might know in advance that Freud would have recourse to his theory of repression.

The ease with which the dream is forgotten is, in short, one of its extrinsic properties. Its intrinsic characteristics are no less remarkable. Fechner has well stressed the original quality of dreams by asserting that the scene of the dream is not the same as that in which our waking imagery is set.³ Freud takes up this idea in his formulation of the psychic mechanism. One characteristic of the dream upon which all writers are generally agreed is the preponderant part played in it by images. They almost entirely eclipse concepts. Among them visual images are by far the most important. The dream arranges them in scenes at which the dreamer thinks he is present; it may be said that the dream dramatizes the idea.⁴ This belief of the dreamer in the reality of his dream is related to his detachment from the exterior world to which all observers of the dream have drawn attention. A thought which is not concerned

¹ Ribot, *Psychology of the Emotions* (Contemporary Science Series: edited by Havelock Ellis), Walter Scott, p. 180.

² I. D., p. 58.

³ I. D., p. 61; I. L., p. 73.

⁴ I. D., p. 63.

with reality could not preserve its logical character, its value as truth. The incoherence and the absurdity of dreams have been affirmed, says Freud, with rare unanimity.¹ Cicero (*De divin.*, II) had earlier expressed his convictions on this subject in a clearly marked phrase: "Nihil tam præpostere, tam incondite, tam monstruose cogitari potest, quod non possimus somniare."² Some thinkers, however, have tried to oppose the generally admitted proposition of the complete absurdity of dreams, notably certain romantics and natural philosophers. Hervey de Saint-Denis is the theorist of dreams who has most strenuously defended their coherence: "The strangest dreams," he writes, "may be found on analysis to have a completely logical explanation."³ The most solid argument which may be advanced in favour of the persistence of logical thought in dreams is drawn from the problems which one fails to solve on the preceding evening, the solution of which appears, suddenly and completely, on awaking.⁴

To ask if logical values persist in dreams leads to the inquiry whether moral values may also be retained in them. The statement which Freud gives of the divergence of writers on this point is very obscure. In order to clarify it, we must introduce a distinction. Let us give the name of formal morality to the quality proper to free acts which makes us pronounce them good or bad, and that of material morality to the quality of un-free acts viewed from the same angle. We would say, for example, that a murder committed by a man enjoying reason and free-will is formally immoral. If, however, the case is one of "a certified hebephrenic who one night, without the least dispute and without being able later to give the least reason, strangles the man in the next bed,"⁵ we should say that his act is materially immoral, and the expert psychiatrist would declare the patient irresponsible. All this seems very simple to the man of common sense who admits free-will. For the determinist, the matter will be more complicated. He does not admit free-will and consequently cannot give to the word "responsibility" the same meaning as the author of the penal code whose juridical system is firmly based on the belief in human liberty. In his view, "responsible" will signify "normal," and "irresponsible" will mean "abnormal." Practically there will be a substantial agreement. The man who has acted from pathological motives will be declared irresponsible. On this point both the determinist psychiatrist and the psychiatrist who upholds free-will will be in agreement. But in the case of the dream this expedient vanishes, for the dream is a normal happening. Before

¹ I. D., p. 68.

⁴ I. D., p. 76.

² I. D., p. 68.

³ I. D., p. 73.

⁵ Case-history of Rogues de Fursac, M. P., p. 768.

pronouncing on the responsibility for the feelings experienced in dreaming, a position must be taken up on the preservation of free-will in dreams, and on the problem of free-will itself. As far as one may judge from the short quotations which Freud gives from them, some of the writers whose works he has analysed are upholders of free-will, while others are determinists. He himself is a determinist. The result is that the two points of view clash, and the real point of the argument is confused. Let us try to state the problem clearly.

An examination whether morality persists in dreams may mean in the first place a search to find whether formal morality exists in them. Clearly the question only has a meaning for those who admit free-will in the waking state. Moreover they give a unanimous answer: since free-will is suspended while dreaming, there can be no question of oneiric morality or immorality in the formal sense. Hervey de Saint-Denis is probably alone in maintaining the possibility (by means, it is true, of a difficult discipline) of contriving to preserve free-will during sleep and of the voluntary direction of dreams.¹ Freud has laid no emphasis on this strange theory.

The problem of morality in dreams may extend, in the second place, to material morality. Determinists and upholders of free-will can understand each other on this ground, for here they are speaking the same language. Writers are divided between two opposite solutions. Some maintain that the dream is completely exempt from the standards of material morality; others, that the habits of self-control adopted during the waking state persist during dreams: the dreams of a virtuous man are not those of a vicious man.² Having thus summarized the respective positions of his predecessors, Freud continues in these words:

In the further discussion of the subject we find in both these groups of authors remarkable evasions and inconsequences. Strictly speaking, all interest in immoral dreams should be at an end for those who assert that the moral personality of the individual falls to pieces in his dreams. They could as coolly reject all attempts to hold the dreamer responsible for his dreams, or to infer from the immorality of his dreams that there is an immoral strain in his nature, as they have rejected the apparently analogous attempt to prove from the absurdity of his dreams the worthlessness of his intellectual life in the waking state. The others, according to whom the "categorical imperative" extends even into the dream, ought to accept in toto the notion of full responsibility for immoral dreams; and we can only hope that their own reprehensible dreams do not lead them to abandon their otherwise firm belief in their own moral worth.³

¹ Vaschide, *Le Sommeil et Les Rêves*, pp. 154-5.

² I. D., p. 78.

³ I. D., p. 79.

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¹ Vaschide, *Le Sommeil et Les Rêves*, pp. 154-5.

² I. D., p. 78.

³ I. D., p. 79.

This quotation shows in what ambiguous terms Freud has stated the problem of morality in dreams.¹ In the strict meaning of the word "responsibility," which implies the actual use of free-will, to speak of "the responsibility for immoral dreams" is meaningless, if it is a question of direct responsibility. One could only speak of indirect responsibility in cases in which immoral dreams might be due to bad habits of the free-will's daily exercise. The false problem of the direct responsibility of immoral dreams must therefore be plainly excluded. The question which is still to be asked is that of the persistence or non-persistence of material morality in dreams. If a negative answer is given, as Freud thinks inevitable, a new problem arises. What degree of psychological reality (and not of moral responsibility) must be granted to the materially immoral urges which appear in dreams? On this point the writers do not agree. Some believe that the materially immoral urges which appear in dreams have a certain potency in the waking state, but that that potency is curbed and held in check by the will. In sleep the bridle which inhibited these urges and made us unaware of them is relaxed. The conclusion may be drawn that the dream gives us knowledge of the urges of human nature which would otherwise pass unperceived.² Others believe that "An immoral dream proves nothing in respect of the psychic life of the dreamer except that he has somehow become cognizant of the imaginative content in question; it is certainly no proof of a psychic impulse of his own mind."³ The cognitive interpretation and the affective interpretation could not be more clearly opposed. Freud emphatically takes up the affective interpretation, but his deep-rooted determinism has led him into inextricable confusion, in his statement of the teaching of his predecessors, of the two quite distinct notions of "moral responsibility" and "psychological reality." To uphold his assertion of the real psychological existence of immoral feelings in dreams, he points parenthetically to the fundamental argument: an affective state is real from the simple fact of being experienced, whether or no its object is imaginary; there are no affective illusions.⁴

We have dwelt at length on this question of the morality of dreams, for Freud is very confused on the subject.

The study of the dream must end in a general theory or systematic arrangement. Freud distinguishes three groups of theories. In the first group he classes the theories which imply that all the psychic activity of the waking state is found in dreams. Delbœuf has supported such ideas. This type of explanation is highly unsatisfactory.⁵

¹ See likewise, I. D., pp. 569-70.

³ I. D., p. 84.

⁴ I. D., p. 85.

² I. D., pp. 82-3.

⁵ I. D., p. 86.

The second group is composed of the theories of partial awakeness. They maintain that dreams possess a basis of psychical activity, a relaxation of associations, an impoverishment of the fund of usable elements.¹ Such theories are the most widely held. They are generally of organic inspiration, and they usually seek the *primum movens* of the dream in bodily stimuli. Among them, the theories of Robert and of Delage must be given a place apart. Robert notes that we often dream of the minor impressions of the day, but rarely of events of importance. He concludes from this that the dream is a process of discharge, of elimination of secondary and unimportant thoughts. In itself this process may be termed organic, only its reaction being psychic. Robert's theory is original in that according to it the dream does not depend on present causes, on organic stimuli produced during sleep, but on impressions recorded earlier, and that nevertheless, taken in itself, the dream is a somatic process. It consists of a most curious compromise between the organic and the psychogenic explanations.² It will be seen that Robert attributes a function, a useful purpose, to the dream. In this he is followed by Delage. He too has noted that secondary and incomplete impressions appear most often in dreams. His conclusion, even more than that of Robert, seems to pave the way to the Freudian theory of repression. According to Robert, if the mind did not possess the safety-valve of the dream, it would run the risk of being choked by too many useless and secondary thoughts. Delage more clearly emphasizes the dynamic character of these incomplete impressions: they are like so many taut springs which lose their tension during sleep.³ But Delage goes no further.

The third group of dream-theories is composed of those which attribute to the mind in dreaming special psychic activities which do not exist, or exist only incompletely, during the waking state. The most original attempt in this direction is that of Scherner. This writer grants that although the intelligence is eclipsed in the dream state, the imagination grows and acquires an astonishing force. Its activity is above all shown in the form of the creation of symbols. The point of departure is given by organic stimuli, but instead of copying them faithfully, the imagination provides a symbolic translation. Long streets may represent an intestinal stimulus, or again, in a dream of migrainous origin, the ceiling of a room (seen covered with horrible spiders like toads) may stand for the head.⁴ Scherner's notions have undoubtedly influenced Freud by stimulating his own views on the important point of dream-symbolism.⁵

¹ I. D., p. 86.

⁴ I. D., pp. 92-5.

² I. D., pp. 88-91.

⁵ Wittels, F., pp. 88-9.

³ I. D., p. 91.

The last of the important problems set by the dream and studied by Freud's predecessors is that of the relation between mental illnesses and the dream. Many writers have pointed to causal relations between the dream and insanity. Sante de Sanctis grants that in many cases of paranoia the dream has been the real cause determining the onset of the psychosis. Féré has published a well-known case of hysterical paralysis which followed a dream.¹ But in cases of this kind the question must arise whether the dream is not rather the first symptom of the disease than its true cause.² If one is to refuse the dream a causal function and allow it merely a symptomatic character, one is led to the comparison of dreams in normal and in insane subjects. This study has been sadly neglected, while that of the relation between the dreams of normal subjects and insanity has attracted many writers. The point of view which they generally maintain has been very clearly expressed by Wundt: "As a matter of fact, we ourselves may in dreams experience almost all the manifestations which we observe in the asylums for the insane."³ Griesinger, and after him Radestock, have noted the fundamental importance of the processes of compensation and wish-fulfilment in psychosis as in dreams.⁴ Krauss has stressed the cœnesthetic causation common to the dream and to madness.

After a consideration of the balance-sheet of his predecessors so carefully drawn up by Freud himself, one might, if one had but a superficial knowledge of psycho-analysis, think that Freud had made no highly original discoveries. Many critics have expressed such opinions, often in bitter terms. In reality, if the state of our understanding of the dream before Freud be examined, it will be found that we only possessed scattered materials and no means of co-ordinating them in a satisfactory manner.

Everyone knows (writes Claparède with justice) that the great discoveries have not consisted so much in the bringing forward of absolutely new facts, as in the evaluation of certain phenomena to which not much attention had been paid, and in bringing them together when they had previously been considered as dissimilar.⁵

Freud's works have allowed us to unite in a coherent synthesis the fragmentary views of his predecessors.⁶ That is already much, but it must be added that this important result is the fruit of a completely original *method*. Theoretic discussion and experimental

¹ I. D., p. 98.

² I. D., p. 99.

³ P., pp. 20-1 (Claparède's Introduction to French edition).

⁴ I. D., pp. 100-101.

⁵ I. D., pp. 541 et seq.

⁶ de Saussure, M. P., p. 99; Jones, P. P., pp. 212-22, 252.

research according to the old methods had yielded all they had to yield. A new process was necessary if advance was to be made, and this it has been Freud's merit to discover. We therefore receive his theory of dreams as a synthesis on a methodological base. In this complicated structure it is important carefully to separate the theory properly so-called from the method which has permitted its construction. Too often, especially in France, the two points of view have not been distinguished. This confusion is similar to that which would arise from identifying the cellular theory of biology with the discovery of the microscope. The invention of new methods of research is a definite gain to science. The telescope and the microscope endure, while astronomical theories succeed one another and so do histological ones. The word "psycho-analysis" is unhappily accepted in a double sense, being used both for the method and the doctrine. It would be convenient to keep the term *psycho-analysis*, as Pichon has proposed, for the method, and to call the body of doctrine *Freudism*.¹ But it is doubtful whether this precision of language would succeed in holding its ground. In the preceding chapter we have given some examples of the psycho-analytic method; now it must be described in its application to dreams.

II. The Method of Dream-Analysis

The working hypothesis which serves as Freud's point of departure is that "the dream is not a somatic but a psychic phenomenon."² The word "psychic" is here taken in the specialized meaning which we defined earlier. Freud's formula means that the dream is not sufficiently explained by the sensory stimuli felt during sleep: it is impossible to maintain that the whole content of dreams corresponds exactly to material objects exercising their action on the sensorium of the sleeper. It is not even enough to add to the sensations the memories they might arouse by association: mnemonic explanations of the dream still leave something to be explained. The memory, however, is a more highly psychic faculty and is more "dematerialized" than sensation. We are therefore constrained to seek elsewhere and to postulate a certain original psychic activity, not reducible to the purely passive registration operated by sensation and memory, at work in dreams. This is what Freud so often states in the words "the dream has a meaning."³

An original psychic activity, not reducible to sensation and

¹ Pichon, *Revue de Psychanalyse*, vol. iii, No. 2, p. 421.

² I. L., p. 82; I. D., p. 105.

³ I. D., pp. 19, 105.

memory, clearly implies a certain degree of organization, of *thematism*. Such is Freud's first premise.

But difficulties arise at once: by what means may one discover this "meaning of the dream"? When the dreamer is questioned, he usually replies that his dream was absurd and that he does not know why he has dreamed it.¹ If introspection is accepted as the final criterion, it is impossible to go any further. But modern psychology admits fairly generally that the psychic does not necessarily coincide with the conscious, that what we *know* about ourselves is only a part of what we *are*. Freud appeals to Bernheim's experiments to illustrate his idea. A subject just awakened from hypnotic sleep declares that he has lost the memory of what happened during that state, but if the operator insists, assuring him that it is not so at all, in the end all the memories emerge.² There was therefore a real knowledge in him, a psychic capital which he did not know he possessed. In France at the present time, after the work of Babinski and of Dupré, the mere mention of hypnosis is enough to arouse a sharp scepticism in many psychologists and psychiatrists. It is therefore better to present the problem from another angle, the more so because Freud's comparison leads to confusion. The analogy between the dream and hypnosis is deceptive. What passed during the hypnotic state was conscious; the subject knew what he was doing at the actual moment. This knowledge may have disappeared, become latent, but it may be recalled. The case of the dream is quite different. The psychic processes which caused it have never been conscious. They have played their part in the subject without his ever having been conscious of their activity; he has never been aware of more than their results. The problem of the "meaning of the dream" seems a hopeless one.

Let us here introduce a change in our point of view. The relation of the sign to the thing signified requires some basis. This basis, as we have already pointed out in the preceding chapter, is the idea of causality. If smoke is the sign of fire, it is because it is the effect of it. *The meaning of the dream is the cause of the dream.*³ According to Freud, the dream is a *psychic symptom* which must be studied by the objective method. Like the symptomatic act, the dream is an effect-sign. The requirements of the principle of causality will guide us. We have postulated in the first place that the dream is of a fairly high psychic order, moreover modern psychology authorizes the hypothesis of the unconscious; we shall therefore complete our first postulate with a second, saying that the dream must have as its cause unconscious psychic processes. May we indeed say that this is a

¹ I. L., p. 83.

² I. L., pp. 84-5.

³ Cf. Frink, M. F., pp. 19-22.

postulate? Homogeneity between cause and effect is a fundamental requirement of reason. Even sensation, being a form of knowledge, cannot be *entirely* produced by its object; though its content derives from that object, its immaterial quality, its basic originality which Leibniz expressed in so striking a manner by his well-known comparison with a mill, derives from the subject. Still more must memory, knowledge of that which no longer exists, require a cause which transcends matter. The dream, being even more complicated than sensation and memory, can only be due to unconscious psychic causes from which it takes its origin and of which it is at the same time the expression.¹

It appears that we have touched at last on pure metaphysics, and that the unconscious psychic causes which we attribute to the dream are beyond the reach of any experiment. Psycho-analysis would thus become no more than a modern restatement of the philosophic conception of the faculties of the soul. It is not so. Freud denies himself the incursus into philosophy, and in reality he does not attempt it. It is rarely indeed that he points to urges which are purely inferred. He limits himself more often to explaining the present by the past, the actual by the forgotten. The unconscious which he reaches is not innate, but acquired. Psycho-analysis moves on the level of phenomenal determinism rather than on that of ontological causality. The dream must therefore be connected to the confused mass formed by the psychic history of the subject, set in its place there in such a way that the principle of continuity is respected, and that its causal dependence upon other earlier mental processes is clearly shown. Before Freud, when the "meaning" of the dream was not apparent at first sight, no method of elucidating it was known. Freud was the first to conceive the notion of attacking this apparently hopeless problem by a new method, the method of spontaneous associations, or free-associations.

Let us, in order to understand its bearing, examine a phenomenon which is familiar to us: the evocation of one idea by another. For example, I am thinking of the Cathedral of Chartres, and that calls up in my mind the image of the Cathedral of Reims. That is a classic instance of association by likeness. But it is important to notice here that that stimulus-relation of resemblance acts without being recognized. It is clear, indeed, that a relation, as such, can only be known subsequently to the terms which it relates. In this case one of these terms, the Cathedral of Reims, is not yet in the field of

¹ These remarks on the homogeneity of cause and effect are not to be found in Freud, but we believe them to be of service towards an exact statement of the problem. (D.)

consciousness, and the problem before us is how to bring it there. We are therefore forced to grant that the relation of resemblance acts without being recognized. If it were otherwise, no calling up by association would ever be possible. Our conclusion is full of consequences. The psychic causality by which one idea calls up another works in us, therefore, without our knowledge, in an unconscious manner. We only become conscious of it at a later stage. May we even say that we become directly conscious of the associative causality by which one idea evokes another? Apparently not. Associative thought gives us no impression of effort. We watch the procession of images as passive spectators. The stimulating causality which relates the associated images seems, then, to be inferred and not directly grasped by intuition as is the causality of the voluntary act. To know how our associations are determined, we can but observe them as we would any natural phenomenon. Since according to our hypothesis the will plays no part in the train of associative processes, it is logical to suppose that the bonds between the associated representations have a certain stability. That is no doubt a postulate, but it is a postulate acceptable to the scientific mind. A true man of science will not admit that the train of thought is pure change, that the river of Heraclitus flows in us.¹ We may therefore legitimately suppose that dream-images possess a more or less firm associative link with the representations whence they derive. If this is so, a method of determining the causes of the dream is open to us. By artificial means we shall place the subject whose dream we wish to analyse in a state as near as possible to the dream-state. We shall thus ask him to lie on a couch, to shut his eyes, to suspend the exercise of his own critical reason and will, to reject for the time self-criticism and self-conduction, while preserving an attitude of self-observation by means of which he may tell us all that passes within himself.² We shall give him in turn each of the images of his dream, and we shall carefully note all his associations with regard to each image. At the end of this business of simple registration, we shall examine the material we have thus collected, and shall be able to judge whether Freud's third postulate, that of the relative stability of the associative links, is verified.

In cases in which the experiment is successful, it is established, often to one's great astonishment, that the associations thus obtained are *thematic*, that they are not reduced to a shapeless powder, governed at the best by the classic laws of similarity, contrast, and contiguity, but that they form a really united whole which at once gives us the "meaning of the dream." It cannot be known *a priori* whether the

¹ P., p. 197.

² I. D., pp. 109 et seq.

premise of the relative stability of the associative links will yield sufficiently exact results. The associative determinism of the dream might be so complicated that, for our practical purposes, it might as well be an absence of determinism. This is an hypothesis which cannot be rejected as absurd.¹ But *a priori* discussion of a subject of this kind is absolutely useless. Many of Freud's opponents have not understood this. Instead of repeating his experiments, they have been content to declare that his results were improbable. This was to enter upon an endless controversy. The laws of nature, physical as well as mental, are known to us by observation and not by reasoning. Freud's premises are made to be verified on himself or on others. The judgment to be passed on them concerns the competence of the experimenters and not of the dialecticians. We shall not therefore plunge into a theoretic discussion which can have no conclusion, but we shall give some simple examples, with the suggestion that the best of them cannot take the place of personal experiment, and that each man should either form his own conclusions by trying the method, or refuse to express a definite opinion.

One of Frink's friends dreamed one night that he was kicking a skunk, which, instead of giving off the unpleasant odour associated with it, smelt strongly of Palmer's perfume. It would be hard to imagine a dream apparently more absurd. But let us examine the associations of the dreamer, to whom Frink gives the name of Taylor. Palmer's perfume recalled to him that at the time of the dream he was employed by a chemist. Then he brought up the memory of the following incident. A customer came one day to buy ten cents' worth of oil of chenopodium. As this product was not classed as a poison, Taylor sold it to him without asking for an explanation. The customer went home and gave a teaspoonful to his child, aged six months. The baby vomited the first dose, his father made him take a second, and the unhappy child died of it. Instead of blaming himself, the father laid the blame on Taylor. He told a highly garbled version of the story to all his neighbours. Soon the whole of the little town was gossiping about the unfortunate chemist's assistant. Taylor faced the storm, and each time that a customer entered the shop, he told him the true version of the story. His employer grew at last annoyed at it, called his assistant and said to him, "Look here, Taylor, I want you to stop talking about this affair. It does no good. The more you kick a skunk, the worse it stinks." The following night Taylor had the dream described above.²

Reset in its associative context, the dream at once ceases to be absurd; it has a perfectly reasonable "meaning," expressed in a

¹ Cf. Delage, R., p. viii.

² Frink, M. F., p. 61

figurative form. Taylor wished to continue defending himself by telling the real story of the accident. That would have no disadvantages; on the contrary, the more he kicks the skunk, the sweeter the scent it will give off.

This very simple example clearly demonstrates the "revaluation" of the dream contrived by the psycho-analytic method. Where the naked eye can only see chaos, the psychic microscope invented by Freud reveals the presence of order. His opponents reply that it is an optical illusion. If Taylor's skunk smelt pleasant, it could only be by chance. It is not our business, for the moment, to take sides in the debate, but only to state Freud's point of view.

Let us proceed to another example. The dream which we have just analysed appeared, as is usually the case, to be absurd. Other dreams, without being absurd, seem at first to have no relation to the psychic structure of the subject. Finally there are dreams which hold a clear meaning without any need for analysis.¹ We shall examine a dream of the second class.

A lady dreamed one night that she was strangling a little white dog. This dream contains no contradiction in terms, no impossibility, so that it cannot be said to be absurd. Nevertheless it puzzled the dreamer. She wondered what could be the origin of this dream which had no relation to her usual thoughts and preoccupations. Being quite unable to find the cause she decided to appeal to Ferenczi's judgment. The analysis began. The dreamer said that she liked cooking very much and that she often had to kill animals, to wring the necks of pigeons or chickens. She disliked doing that, and did it as quickly as possible. At this point she remarked that in her dream she had strangled the dog just as in real life she used to strangle chickens. Then she passed to fantasies of capital punishment, of the manner in which hanging is carried out, and of the feelings of the condemned persons. Her dwelling on this sinister subject awoke Ferenczi's suspicions, and he asked her if she bore a particular grudge against anyone. The lady confirmed his hypothesis, and added that it was against her sister-in-law. She accused her of having treacherously come between her husband and herself, "like a tame dove." Some days before they had had a violent quarrel in consequence of which the analysand turned her sister-in-law out of the house, saying, "Get out, I don't want a dog that bites in my house!" The interpretation of the dream is obvious. As confirmatory indications, it may be added that the sister-in-law was very short and of a remarkably pale complexion.²

¹ O. D., pp. 21-3.

² Ferenczi, "The Psychological Analysis of Dreams," in the *American Journal of Psychology*, vol. xxi, No. 2, April, 1910, p. 322.

Later we shall give further examples of analyses of dreams. These are enough to illustrate a certain number of the ideas and definitions introduced by Freud.

The Freudian formula, "the dream has a meaning," begins to become plain. The "meaning" of the two preceding dreams is clear as soon as one has the associations. A careful distinction must be made between the *manifest content* of the dream on the one hand, and the *latent oneiric ideas* or the *latent content* on the other.¹ The manifest content is the dream as it is presented, in its crude state. The latent content is the hidden "meaning" to which analysis leads. Thus for example in the second dream we have just studied, the manifest content is formed by the strangling of the dog, the latent content by the feelings of hate and desire for vengeance towards the sister-in-law.

The dream-thoughts and the dream-content, writes Freud, present themselves as two descriptions of the same content in two different languages; or, to put it more clearly, the dream-content appears to us as a translation of the dream-thoughts into another mode of expression, whose symbols and laws of composition we must learn by comparing the original with the translation. The dream-thoughts we can understand without further trouble the moment we have ascertained them. The dream-content is, as it were, presented in hieroglyphics, whose symbols must be translated, one by one, into the language of the dream-thoughts. It would, of course, be incorrect to attempt to read these symbols in accordance with their values as pictures, instead of in accordance with their meaning as symbols. For instance, I have before me a picture-puzzle (*rebus*)—a house, upon whose roof there is a boat; then a single letter; then a running figure whose head has been omitted, and so on. As a critic I might be tempted to judge this composition and its elements to be nonsensical. A boat is out of place on the roof of a house, and a headless man cannot run; the man, too, is larger than the house, and if the whole thing is meant to represent a landscape the single letters of the alphabet have no right in it, since they do not occur in nature. A correct judgment of the picture-puzzle is possible only if I make no such objections to the whole and its parts, and if, on the contrary, I take the trouble to replace each image by a syllable or word which it may represent by virtue of some allusion or relation. The words thus put together are no longer meaningless, but might constitute the most beautiful and pregnant aphorism. Now a dream is such a puzzle-picture, and our predecessors in the art of dream-interpretation have made the mistake of judging the *rebus* as an artistic composition. As such, of course, it appears nonsensical and worthless.²

¹ I. D., p. 268; I. L., p. 100; O. D., p. 19; P., p. 201. ² I. D., pp. 268-9.

In the two examples which we have given, the latent contents of the dreams were formed of thoughts and feelings which the subjects recognized as their own. We shall say that these latent contents belonged to the field of the preconscious. This is the simplest case, in which the interpretation is most easily accepted. What is non-conscious in dreams of this kind is the whole mass of processes whereby the latent content gave birth to the manifest content. Freud gives to these processes the name of *work of elaboration* or *dream-work*.¹ The analysis, or work of interpretation, aims at traversing this road in the opposite direction. When we said earlier that the dream was causally dependent on unconscious psychic processes, we had in mind particularly all this work of elaboration. By comparing a certain number of dreams in which the latent contents are preconscious, in themselves known to the dreamer, one may contrive to extract the laws of the dream-work. Freud has devoted the most careful research to this point, and it has led him to recognize the principal processes or *mechanisms* of elaboration: condensation, displacement, dramatization, symbolization, secondary elaboration. Later on we shall study them in detail.

When we were analysing the symptomatic act we saw that often it was the *relation* of the exterior manifestation to the interior state that was unconscious; in many dreams we find ourselves confronting a very similar situation: the manifest content and the latent content, taken separately, are conscious; it is their *relation* that is unconscious. This unconsciousness of the relations which link the different psychic processes is an entirely general phenomenon. We have noted above that the associative link between the ideas called up was *in itself* unconscious, that it acted *before* being recognized. That is a statement which Freud has not made, but which seems to us important for the understanding of the meaning and bearing of the method of spontaneous associations. It leads us to think that what one might call *relational unconsciousness* is a fundamental law of the functioning of the mind. This psychological law clearly implies, as a metaphysical basis, a realist theory: endo-psychic stimulant causality exists independently of the knowledge which we have of it. Its *esse* depends on no *cognosci*. These philosophic reflections may appear foreign to the circle of ideas within which Freud is accustomed to move, but we believe them to be indispensable to any who would carry the understanding of the method of spontaneous associations to its furthest point. The word "association" must not give rise to false ideas in this context. Freud is not a servile follower of the classic leaders of English empiricism. As we mentioned

¹ I. L., p. 143.

earlier, he carefully examined the part played by affectivity in associative processes, continuing the researches of Höffding, James and Ribot. In his view, association does not simply convey mechanical repetition of antecedent links of similarity, contrast and contiguity; association is rather the whole interdependence of the relations of psychic processes. These dependent relations are subject to a certain determinism whose degree of precision cannot be fixed *a priori*. Between pure change and immobility there is an infinite number of transitional types of relative causal stability, among which only experience will allow us to make a choice. From this point of view, the original character of the method of spontaneous associations is clearly seen. Taking for granted the inability of introspective intuition to give us knowledge of the dependent relations of psychic processes (excepting the case of rational and voluntary effort which is excluded by definition), the method of spontaneous associations aims at studying psychic causality by means of objective observation. It does not claim to exclude introspection completely; on the contrary, it assumes it, but merely takes thence its materials. Like any other factual science, it finds the link between these materials in the statement of cause.

These considerations show the inappropriateness of comparison between forgotten hypnotic events and the causes of dreams. The events experienced during hypnosis have been conscious; the dream-work has never been conscious. As we shall see, the mechanisms of the work of elaboration are much more complicated than the simple relation which leads from an interior state to its expression by a symptomatic act, or than the associative link between two ideas. But it was important to show that these cases, apparently so different, form part of a whole which has a true unity.

The unconsciousness of associative links, upon which rests the whole technique of psycho-analysis, is more or less freely granted by psychologists.¹ It had been recognized by Hobbes, and later studied by Hamilton. It is theoretically possible to distinguish two principal cases, according as the unconsciousness applies to a relation or to an image. In practice it is often difficult to distinguish these two cases. This is clearly shown by the following example, taken from Delage.²

Delage dreamed that enormous waves were breaking against a wall, and that he was shouting at the top of his voice Mephistopheles' cry, "Help, Vortex, Giaour!" Examining why this phrase should

¹ An historical account of the discussions of mediate association will be found in Claparède's work, *L'association des idées*, pp. 173-85.

² Delage, R., pp. 216-19.

have come to his mind in a dream, Delage recalled that "Vortex" meant "whirlwind." In his dream he had not thought of that. "Vortex" was for him the infernal spirit animating the wave, and nothing else. This example clearly shows the part played by the unconscious in associative processes. Are we to say that this case involves unconsciousness of an image, or unconsciousness of a relation? It seems very difficult to choose between these two hypotheses. If only the unconsciousness of relations is to be admitted, it will be said that the verbal image "whirlwind" was presented in the dream, and that it called up the verbal image "vortex," without the dreamer's perception of the relation of meaning, or else that the visual image of the wave aroused the verbal image "vortex," without their relation being perceived. But if unconsciousness of images is admitted, it will be said that Delage passed from the visual image of waves to the verbal image "vortex" by the intermediary of the subconscious verbal image "whirlwind." The extreme difficulty (not to say impossibility) there is in choosing, in a case of this kind, between the unconsciousness of a relation and the unconsciousness of an image, well illustrates the fundamental continuity of these two processes. Freud was perfectly logical in going so far as to assert that the latent content of the dream could be not only preconscious, but unconscious in the strict sense of the word, that is to say, composed of psychic states which the subject does not recognize as his own, either because they are in process of formation and he has not yet become conscious of them, or because they are deeply repressed, and the endo-psychic censor renders them inaccessible to him. Freud indeed lays almost the whole emphasis on deep repression. From the point of view of the unconscious causality and "meaning" of dreams, dreams may thus be arranged in three groups: dreams which can be interpreted without analysis; dreams which only analysis can make comprehensible, but which it connects with processes which the subject recognizes as his own, preconscious; dreams which analysis can only decipher by connecting them with processes which the subject does not recognize as his own, unconscious in the strict Freudian sense.

We hope we have thrown some light upon the most original point in Freud's researches on the dream: the associative method of interpretation. It is remarkable that writers who have undertaken the statement or discussion of psycho-analysis in France have very often neglected to examine its essential part. *Psycho-analysis is above all a method, an instrument of investigation.* Vaschide, who was the first to make the Freudian conception of the dream known to the general public in our country, through his well-known book *Le sommeil et les rêves*, leaves the associative method on one side. He speaks in-

deed of the thoughts latent in the dream,¹ but he does not indicate by what means Freud contrives to get to know them. Delage, in the large work which he published in 1920 under the title of *Le Rêve, étude psychologique, philosophique et littéraire*, examines Freud's theory at some length,² but the Viennese master's method receives from the great French biologist nothing but a very summary statement and the semblance of a discussion.³ Pierre Janet, in the second volume of his *Médications Psychologiques*, also dismisses the psycho-analytic method very hastily.⁴ As for the popular articles published by many authors, misconception of the methodological point of view is there almost the rule. It appears to us that the extreme frequency of this false perspective justifies the emphasis we have laid on anticipating it.

We must now examine one last point with regard to the associative method. We described the work of interpretation as the inverse of the dream-work. We shall certainly be called upon to answer the question as to what guarantee there is of the reversibility of the process. *A priori*, it is clear that there is no such guarantee. It is indeed certain, and Freud himself recognizes it, that associations are formed in the course of analysis which had no previous existence in the dream.⁵ Freud does not claim that there is an exact reversibility. The only question is whether, among the associations, there do not appear memories of facts antecedent to the dream, whose resemblance to the oneiric images is such that the hypothesis of a causal link is the only one which could satisfy the mind. This is no case of an *a priori* decree that all that is called up associatively by the dream is the cause of the dream, but of the collection of a vast amount of associative material, in the heart of which one may hope to find elements whose etiologial character in respect of dream-images is at once recognized in the most favourable cases, and is received with greater or less probability in the other cases. A question of valuation is clearly involved.⁶ Each must measure the degree of probability in the two examples which we have quoted and in those which we shall give later. Logically speaking, there is no answer to give to those who believe that the interpretations related above connect the manifest content with the latent content by a false causality, and that where psycho-analysis claims to reveal an ordered sequence there is nothing but an artificial arrangement.

¹ Vaschide, *Le sommeil et les rêves*, p. 187. ² Delage, R., pp. 512-33.

³ Delage, R., pp. 6-7, 528-33.

⁴ Janet, M. P., vol. ii, pp. 216-22.

⁵ I. D., p. 491.

⁶ de Saussure, M. P., pp. 180-5.

III. The Dynamism of Dreams

Freud does not confine himself to maintaining that the dream has a "meaning" which may be discovered by analysis. Were his thesis reduced to this very general assertion, it would have encountered far fewer opponents. According to Freud, "when the work of interpretation has been completed the dream can be recognized as a wish-fulfilment."¹ One might conceive two methods of justifying this assertion, which seems at first so astonishing. The first would be directly to analyse the dreams which appear to conflict most with the interpretation by wish, and to show that after interpretation they conform to it, or even require it. The second would start with simple dreams in which the wish-fulfilment is apparent without analysis, and would show that little by little, by a growing process of elaboration, confused dreams as well as distressing dreams (for the two aspects of the problem are related) are reducible to the same fundamental formula. Freud has used both methods in his various writings; we shall begin by employing the second. Later we shall reinforce it with the first, giving some examples of disagreeable dreams in which the wish-fulfilment is revealed by analysis.

Simple dreams, with little or no distortion, are most often met with in the case of children. Here are a few examples of this. Freud's youngest daughter, at that time nineteen months old, vomited one morning, and was therefore kept without food all day. "During the night she was heard to call excitedly in her sleep: 'Anna F(r)eud, st'awbewy, wild st'awbewy, om'lette, pap!'" She used her name in this way in order to express the act of appropriation; the menu presumably included everything that would seem to her a desirable meal; the fact that two varieties of strawberry appeared in it was a protest against the domestic 'ministry of health,' and was based on the circumstance, which she had by no means overlooked, that the nurse had ascribed her indisposition to a surfeit of strawberries; so in her dream she avenged herself for this diagnosis which met with her disapproval."² This dream stands out clearly as a wish-fulfilment. Let us go on to the second example. Freud's little nephew, aged twenty-two months, is told to wish his uncle a happy birthday and to offer him a basket of cherries. The young glutton set about his mission half-heartedly, repeating the words "Cherries in it," but the night brought him compensation; he woke up declaring with contentment: "He(r)mann eaten all the cherries!"³ Here too the fulfilment of a wish is clear.

¹ I. D., p. 128.

³ I. D., p. 137; I. L., p. 106.

² I. D., p. 136; I. L., p. 111.

Certain adults' dreams are no less clearly presented as wish-fulfilments. "These are dreams which are occasioned all through life by imperative physical needs—hunger, thirst, sexual desire."¹ Freud quotes an interesting passage from Nordenskjöld, in which the explorer relates the dreams of his crew during a winter passed in the polar regions:

One of us, who "specialized in" banquet dreams, was especially delighted if he could report in the morning "that he had had a three-course dinner." Another dreamed of tobacco, whole mountains of tobacco; yet another dreamed of a ship approaching on the open sea under full sail. . . . One can readily understand, Nordenskjöld concludes, how we longed for sleep. That alone could afford us everything we all most ardently desired.²

From his study of the barely distorted dreams of children Freud draws a series of conclusions.³ The child's dream, which may be understood without analysis, is the reaction to an event of the waking state. It has a "meaning," is *thematic*. Freud sees here a telling argument against the theories which only assign physical causes to the dream. The child's dream is the direct, unconcealed fulfilment of a wish. We have seen that Freud fully admits that bodily stimuli play a part in the release of the dream, but that he considers them in no way essential. The dreams of children bring him the confirmation of this hypothesis. It is clear that in the case of little Hermann quoted above, everything leads us to suppose that no part was played by any bodily stimulus, and that the dream was released by the unsatisfied wish of the waking state. This leads Freud to an original conception of the function of the dream.

If dreams are the reaction to a mental stimulus, he writes, their value must lie in effecting a discharge of the excitation, so that the stimulus is removed and sleep can continue. We do not yet know how this discharge through the dream is effected dynamically, but we notice already that dreams are not disturbers of sleep (the accusation commonly brought against them) but are guardians and deliverers of it from disturbing influences.⁴

The dream, the guardian of sleep, responds to the psychic excitation arising out of the wish by representing that wish as fulfilled. Young Hermann had regretted that he had not been able to eat the cherries; he wakes up declaring that he has eaten them all.

So that even in these simple dreams belonging to childhood

¹ I. L., p. 110.

² Quoted in I. D., p. 137 (note); I. L., p. 111.

³ I. L., pp. 106-9.

⁴ I. L., p. 107.

[Freud concludes] there is still a difference between the latent and the manifest content, and still a distortion of the latent dream-thought, in the translation of the thought into an experience.¹

If we compare dreams with disturbed acts, we find that they give us a striking analogy. The disturbed act is a compromise-formation resulting from the interference of two urges, disturbing and disturbed.

Dreams fall into the same category; the disturbed tendency can only, of course, be the tendency to sleep; while the disturbing tendency resolves itself into the mental stimulus which we may call the wish (clamouring for gratification), since at present we know of no other mental stimulus disturbing sleep. Here again the dream is the result of a compromise; we sleep, and yet experience the satisfaction of a wish; we gratify a wish and at the same time continue to sleep. Each achieves part-success and part-failure.²

It is clear that the simple formula which we have just stated only applies to children's dreams and to certain dreams of adults which present an immediate "meaning" and need no analysis. If even dreams which appear absurd have a "meaning," the hypothesis must probably (at least in many cases) be elaborated, and the number of directed forces, the intersection of which gives the dream its strange character, must be augmented. Moreover Freud's assertion that after complete analysis every dream can be recognized as a wish-fulfilment, has to meet the objection arising from distressing dreams, which appear to realize fears rather than wish-fulfilments. The nightmare in particular, in which the distressing quality of the dream reaches its height, seems necessarily to be a stumbling-block to the Freudian theory. By his hypothesis of the censorship (which is no more than an application of the concept of repression), Freud believes that he can explain the distortion of most dreams, and at the same time justify his theory of wish-fulfilment.

We shall get a good notion of the meaning of the Freudian concept of the censor from a strange dream of one of her patients recorded by Frau Dr. Hug-Hellmuth.

A woman aged fifty, the widow of an officer of high rank who had died twelve years before, dreamt the following dream in 1915, at a time when one of her sons was at the front: She goes to the military hospital and asks the sentry at the door for the surgeon in charge, as she wishes to offer her services in the hospital. The non-commissioned officer understands, from the emphasis which she lays on the word "services," that she means love-services; he hesitates, but lets her pass. She enters a large room, in which a number of

¹ I. L., p. 108.

² I. L., p. 108.

officers and doctors are sitting round a table. She makes her offer to a staff-surgeon: "I and many other women and young girls of Vienna are ready to . . . (*still dreaming, she hears a murmur*) . . . the soldiers, officers and privates without distinction." For a moment there is a painful silence. The staff-surgeon puts his arm round her and says, "Dear lady, imagine if it actually came to . . . (*again she hears a murmur*)."

She withdraws from his arm thinking "One is just like another," and replies: "My God, I'm an old woman, and shall perhaps never be in that position. Besides, one condition must be made: there is the consideration of age; an old woman must not . . . (*here too she hears a murmur*) . . . a mere lad; that would be terrible." The staff-surgeon: "I understand perfectly"; then he shows her the staircase which leads to the surgeon in charge. While she is climbing it, with the feeling that she is simply doing her duty, she hears an officer say: "This is a tremendous decision, whether a woman is young or old; all honour to her."¹

This dream, so coherent and unified, presents one striking characteristic: the three most indelicate passages are replaced, *in the dream itself*, by a murmur. Freud sees in this something more than a meaningless chance, and refuses to admit that it is simply a case of coincidence. In his view, the lady's moral feelings have continued to exist during sleep, though in a weakened form, and have produced a characteristic disturbance at the most offensive points of the dream. Thus mutilated, the dream is like those newspapers printed during the war, in which a blank space stood for the passages deleted by the censor. Sometimes the journalist, foreseeing censorship, used to introduce circumlocutions and obscurities into his report.² Freud believes that the suppression of the three most indecent passages in the dream of the fifty-year-old widow is an effect-sign of the existence of a true endo-psychic censor.

What is to be understood by the censor? No entity is meant.³ The censor simply denotes the sum of the urges which prevail in the consciousness of a given individual, in so far as the said urges exercise an inhibitory function upon the urges opposed to them, which they drive back into the unconscious. It must however be noted that in Freud's view this inhibitory function is only consciously exercised in very early life; it soon becomes automatic, then unconscious, and repression takes the place of suppression. Not only does the censor consign to the unconscious the urges which oppose it and which have penetrated into consciousness, but its inhibitory power is exercised even before their entry into consciousness. This is one

¹ I. D., p. 148 (note); I. L., pp. 114-15.

² I. D., pp. 147-8; I. L., p. 116.

³ I. L., p. 118.

of Freud's most highly original concepts.¹ Since then, he has modified his formulas and his terminology: the *super-ego* has taken the place of the censor. We do not think we can usefully introduce the concept of the *super-ego* at this point, for it would complicate our exposition unduly; and a knowledge of the whole of Freud's system is necessary before it can be understood. We shall examine it more closely and profitably in the last chapter of this volume. It would be desirable to assign an exact meaning to each of the terms "suppression," "repression," and "censor," rather than to use them indiscriminately, as most writers do, but it is difficult to break an established custom. By suppression we mean conscious and voluntary inhibition; by repression, unconscious and automatic inhibition. Neither of these words is used to imply a dependence of inhibition upon moral values. On the other hand, the word "censor" gives no indication of the conscious or unconscious quality of the inhibition, but implies that it takes place at the bidding of ethical, or at least of aesthetic values.

The dream about "love-service" showed us the censor in action actually during the dream. Its existence may also be apprehended during the process of dream-analysis. The censor is demonstrated by the inhibition of the associations, by the interior *resistance* felt by the subject against the free movement of his thought, by the ill-founded objections which arise in him to every suggestion. These may be observed to take place whenever a memory which the subject under analysis finds unpleasant is about to rise from the unconscious. His hypothesis of the censor, a particular instance of psychic inhibition, was suggested to Freud by the universality of the fact of resistance which he had observed empirically. If a comparison is made between the systematic distortions of the dream itself on the one hand, and the resistance to analysis on the other, it is found that they depend on the same principle, and show the same fundamental tendency.² Thence Freud concludes that a single force is involved. "There is an intimate bond, with laws of its own, between the unintelligible and complicated nature of the dream and the difficulties attending communication of the thoughts connected with the dream."³ This shows the important place held by the notion of the censor in the Freudian conception of the dream. Its introduction requires an alteration of the simple formula of the dream to which we drew attention earlier. The dream is not merely a compromise-formation between the wish to sleep and another disturbing wish; this explanation is only satisfactory in the most simple cases. There is often reason to grant that the dream is the result of the intersection

¹ Jones, P. P., p. 23.

² I. L., pp. 94-8, 118.

³ O. D., pp. 23-4.

of three forces: the wish to sleep, a more or less shocking wish usually inhibited, and the censor. As the shocking wish cannot pass the barrier of the censor, it can only reveal its presence by indirect effects, by more or less unrecognizable insinuations. A new formula will express the structure of the dream: "The dream is the (disguised) fulfilment of a (suppressed, repressed) wish."¹

This formula will allow Freud to answer two classes of objection: those which argued from the usually incomprehensible nature of dreams to the impossibility of assigning true psychic causes to them, and those which inferred from the painful quality of so many dreams that they were not wish-fulfilments.

It would not be true to say that Freud maintains the censor to be the *only* cause of the incomprehensibility of dreams. As we shall see later, he admits that most of the "mechanisms" governing dream-elaboration (condensation, dramatization, symbolization, and secondary elaboration) may work independently of the censor. He makes an exception only in the case of displacement, which he always attributes to the censor.² As it is hard clearly to demarcate the different "dream-mechanisms" which we have just listed, Freud's theory is less rigid than one might suppose, but it cannot be denied that Freud stresses the distorting role of the censor and repression.³ For example, in the dream of the strangling of the little white dog, which we studied earlier, Freud would certainly claim that the censor played an important part. He would say that the moral inhibitions of Ferenczi's patient prevented her murderous inclinations towards her sister-in-law from appearing directly in the dream; that the execution fantasies which were produced in the course of analysis are a proof of the existence of these inclinations; that in consequence this dream, incomprehensible to the dreamer, must be regarded as a compromise-formation between a death-wish and the censor, and as the disguised fulfilment of a repressed wish. Freud would conclude that without the censor, the lady in question would purely and simply have dreamed that she was strangling her sister-in-law.

The dream of the skunk, on the other hand, would not lend itself to an interpretation involving the censor. It is indeed a case of the fulfilment of an unsatisfied wish, thwarted by the command of one with authority over the dreamer, but this wish contains nothing which might shock the subject's moral personality. Why then does this wish-fulfilment appear in a form which is incomprehensible at first? Here Freud would simply invoke dramatization; he would say

¹ I. D., p. 164; O. D., p. 85; P., p. 202.

² I. L., p. 147.

³ de Saussure, M. P., p. 29.

that the dreamer's psychic structure descends to a lower level, to that of imaginal thought.

We find in both cases the "mechanism" of dramatization, of imaginal thought. In the dream of the skunk, the dramatization works independently; in the dream of the white dog, it is utilized by the censor.

The analysis of the dream of the white dog has confronted us with very brutal instinctive urges. Freud holds that urges of this kind are not by any means exceptional. We have seen that some of his predecessors maintained that "an immoral dream proves nothing in respect of the psychic life of the dreamer except that he has somehow become cognizant of the imaginative content in question; it is certainly no proof of the psychic content of his own mind."¹ This strictly "cognitivist" point of view is the very antithesis of that of Freud, who interprets facts of this kind in a sharply dynamic and "affectivist" sense. In his view, the dream of the "love-service" is not affectively neutral. Far from it.² It is an effect-sign of that accentuation of sensuality which is found in many women about the time of the menopause. Even for those who are most virtuous in their waking life, the background of the dream remains entirely instinctive and completely amoral. Here is a passage which is rather long, but which expresses the argument of the Viennese psychiatrist very clearly:

Above all are these censored wishes, which in dreams are expressed in a distorted fashion, manifestations of a boundless and ruthless egoism; for the dreamer's own ego makes its appearance in every dream, and plays the principal part, even if it knows how to disguise itself completely as far as the manifest content is concerned. This *sacro egoismo* of dreams is certainly not unconnected with the attitude of mind essential to sleep: the withdrawal of interest from the whole outside world. The ego which has discarded all ethical bonds feels itself at one with all the demands of the sexual impulse, those which have long been condemned by our æsthetic training and those which are contrary to all the restraints imposed by morality. The striving for pleasure—the libido, as we say—chooses its objects unchecked by any inhibition, preferring indeed those which are forbidden: not merely the wife of another man, but, above all, the incestuous objects of choice which by common consent humanity holds sacred—the mother and the sister of men, the father and the brother of women. (Even the dream of our fifty-year-old lady is an incestuous one, the libido being unmistakably directed towards the son.) Desires which we believe alien to human nature show themselves powerful enough to give rise to dreams.

¹ I. D., p. 84.

² I. L., p. 119.

Hate, too, rages unrestrainedly; wishes for revenge, and death-wishes, against those who in life are nearest and dearest—parents, brothers, sisters, husband or wife, the dreamer's own children—are by no means uncommon. These censored wishes seem to rise up from a veritable hell.¹

This sinister description is so characteristic of Freud's manner that we have made a point of reproducing it in full. Egoism and erotism form, in his view, the dual source of sustenance for the repressed wishes which provoke dreams.

While Freud maintains that the wishes of the dream are of an instinctive order, he does not, as has sometimes been represented, hold that *all* dreams have a sexual meaning. He is quite ready to admit that some dreams are provoked by needs which have no sexual element, such as hunger or thirst. He has several times formally protested against this misrepresentation.

The assertion that *all dreams call for a sexual interpretation*, against which there is such an untiring polemic in the literature of the subject, is quite foreign to my *Interpretation of Dreams*. It will not be found in any of the eight editions of this book, and is in palpable contradiction to the rest of its contents.²

Here is another affirmation, as strongly voiced as the first: "I have never maintained that every dream expressed the fulfilment of a *sexual* wish, and I have often stated the contrary. But it is useless, and the same thing is always repeated."³ It must however in fairness be recognized that while Freud does not maintain that *all* dreams must be interpreted sexually, the formula to which he subscribes gives an absolutely dominant character to sexual motivation: "The more one is occupied," he writes, "with the solution of dreams, the readier one becomes to acknowledge that the majority of the dreams of adults deal with sexual material and give expression to erotic wishes."⁴

Having thus established that in every human being there is a double system of conflicting urges: on the one hand the egoistic and erotic instincts, on the other, the ethical and æsthetic demands of the censor, Freud believes that he is in a position to answer all the objections levelled at his theory of wish-fulfilments.

If the dream is a wish-fulfilment, how are we to explain the painful feelings which may be experienced in dreams? One of the reasons given by Freud is a partial thwarting of the work of elaboration. The

¹ I. L., pp. 119–20.

² I. D., p. 373; I. L., p. 162.

³ P., p. 148 (quoted in Claparède's note on "Libido" in the French edition), cf. A.S., p. 84.

⁴ I. D., p. 372.

latent ideas deriving from the preoccupations of the waking life were highly painful. The dream-work has been endeavouring to transpose them, to substitute some more satisfying ideas. But feelings are even more difficult to transpose than imagery. We are therefore confronted with this paradoxical fact, that in the manifest dream in-offensive imagery is accompanied by painful feelings. The opponents of psycho-analysis lay much stress on cases of this nature. Freud maintains that they do not materially invalidate his thesis. The analysis of dreams of this type reveals the painful nature of the latent representations, for which neutral representations had been substituted in the manifest part of the dream. The discrepancy between the affective and the representational elements of the manifest content simply shows that the work of elaboration has been incomplete. It has succeeded in separating the affect from its image, in repressing the latter and in replacing it with an agreeable, or at least a neutral image, but it has failed to repress or to transpose the affect.¹

To the preceding explanation Freud adds another to which he attaches much importance. It is suggested that a wish-fulfilment ought to be a cause of pleasure. That is true, but only on condition that the wish in question should not be in opposition to other urges preferred by the conscious personality. A clear understanding of the concept of the censor is important here. The wishes which give rise to dreams are not usually acceptable to the conscious ego; they are rather wishes which it resists, rejects and censures. Hence the return of these repressed wishes, while being a cause of pleasure to the lower part of man, is a cause of displeasure to his higher part. It is too often forgotten that man is a dual being, torn between conflicting urges. The censor reacts by anxiety to the bestial desire which rises from the depths of the unconscious, when it cannot otherwise be mastered.

That is what takes place in many nightmares. Freud believes that all psychogenic nightmares depend upon a formula of that kind; later we shall see how he explains somatogenic nightmares.

Here is a psycho-analytically interpreted example of a psychogenic nightmare.

B—, a bachelor of twenty-nine, a patient of Dr. Flournoy junior, was experiencing a strong sentimental attraction towards another man, Z—, who was unaware of it. B— would have liked to get married, but realized that it was impossible while he could think only of Z—. At a time when his interior conflicts were particularly violent, B— heard of the engagement of his friend

¹ I. L., pp. 181-2.

C—— to a girl towards whom he (B——) was otherwise quite indifferent. This news stunned him; he compared his unhappy lot with that of his fortunate friend, and as, to crown it all, he had to write to Z—— that day on business, he was in the depths of despair. Towards the end of the day he gave free rein to his amorous obsession for Z——. At the approach of sleep his imaginative and instinctive fantasies more and more gained the upper hand, and B—— had the very clear impression of having gone to sleep that night imagining that Z—— was in his bed, and that they had embraced and possessed each other.¹

He woke suddenly at half-past three in the morning out of the following nightmare, which he wrote down as soon as he was calm again, according to Dr. Flournoy's instructions.

First part very vague: I am in a nuptial chamber and try, but unsuccessfully, to sleep with C——'s fiancée, who seems to be my wife.

Second part very clear: I am in my ordinary room, in bed. In the opposite corner I see another bed, in which Z—— is lying. I speak some words to him which allude to my thoughts about him, and contain a vague hint of a proposal. At that moment he jumps out of bed like a madman, naked, but for his shirt; he dashes towards the window, and then towards my bed to strangle me (yesterday I was told a story of one madman strangling another). I realize at once what is to be my fate, but I make no effort to defend myself, being transfixed with terror. At the same moment, before he actually touches me, I wake with a start. The fear, the indescribable terror which I felt at the scene which had passed with lightning rapidity was more intense than anything I had ever before experienced; it was accompanied by goose-flesh and shudders, and I felt icy cold. After about a quarter of an hour I regained my balance, got up, looked for my pencil, and am writing this.²

Here is Dr. Flournoy's interpretation.

The first part of this dream explains itself. In it B—— fulfils his ambition to marry by quite simply taking the place of his friend C——, and appropriating his fiancée. But it is not a success. After this failure, the instinctive, abnormal wish again prevails and constitutes the second part of the dream, which is much clearer. The imaginative fantasy is therefore seeking to re-edit during sleep what it had achieved a few hours earlier during the waking state in the form of obsessions, when just before going to sleep B—— had imagined that he was embracing and possessing his love-object. But neither his oneiric personality nor his conscious personality permits

¹ Flournoy, "Symbolismes en psychopathologie," in *Archives de Psychologie*, vol. xvii, p. 189.

² *Ibid.*, p. 190.

things to go so far; it defends itself by its own methods. Instead of yielding in the dream to the abnormal inclinations which tempt him, B—— borrows the motif of an incident which had been told to him the day before, in order to solve his problem in a fashion that is certainly dramatic, but which contains nothing disgraceful either to himself or to Z——: he is to die at the hand of his beloved who has become insane.¹

The nightmare, which seemed to be the stumbling-block to the wish-fulfilment theory of dreams is, in Freud's view, a typical illustration of the conflict between the wish and the censor. Two kinds of psychogenic nightmares may be distinguished: those whose manifest content refers overtly to sexuality, and those whose manifest content belongs to another class of representations. The case of Dr. Flournoy's patient is an excellent illustration of the first type, about which class of dream Freud writes:

Anxiety-dreams often have a content in which there is no distortion; it has, so to speak, escaped the censorship. This type of dream is often an undisguised wish-fulfilment, the wish being of course not one which the dreamer would accept but one which he has rejected; anxiety has developed in place of the working of the censorship. Whereas the infantile dream is an open fulfilment of a wish admitted by the dreamer, and the ordinary distorted dream is the disguised fulfilment of a repressed wish, the formula for the anxiety-dream is that it is the open fulfilment of a repressed wish. Anxiety is an indication that the repressed wish has proved too strong for the censorship and has accomplished or was about to accomplish its fulfilment in spite of it. We can understand that fulfilment of a repressed wish can only be, for us who are on the side of the censorship, an occasion of painful emotions and for setting up a defence. The anxiety then manifested in our dreams is, if you like to put it so, anxiety experienced because of the strength of wishes which at other times we manage to still.²

It remains for us to examine the second type of psychogenic nightmares, those in which the representations of the manifest content contain no shocking wish. Freud thinks that this appearance is completely illusory; he asserts that the analysis of associations regularly shows that the non-sexual representations of the manifest content are a simple disguise of the sexual latent content. In nightmares which appear to be non-sexual, the anxiety is a reaction-formation against the libido. The images of the manifest content are a substitute for the sexual representations, without intrinsic value.³

¹ Flournoy, "Symbolismes en psychopathologie," in *Archives de Psychologie*, vol. xvii, p. 190.

² I. L., p. 183.

³ I. D., pp. 165, 536-40.

Note that while Freud does not maintain that all dreams are of sexual motivation, in the particular case of the psychogenic nightmare he holds uncompromisingly to the sexualist interpretation. The problem of anxiety in dreams is, in his view, the same as that of morbid anxiety in the neuroses. Freud believes that *neurotic* anxiety is always caused by the incomplete repression of sexual urges. He must not be held to assert that *all* anxiety is of sexual origin, for he clearly admits that any exterior or interior danger may cause anxiety. But such banal forms of anxiety are without interest. It is the morbid, abnormal anxiety, out of all proportion to the object by which it is released, that Freud claims to be always dependent on an unconscious sexual drive against which the subject is reacting. The nightmare is only an oneiric variety of neurotic anxiety.¹ A thorough examination of the Freudian theory of wish-fulfilment in dreams leads on to the problem of the neuroses.

Incompleteness of the work of elaboration and the response by anxiety to a guilty wish provide two explanations of a large number of painful dreams. By pressing home his theory of the censor, Freud allows a third cause for disagreeable dreams. He believes that there are dreams of punishment, which he goes so far as to attribute to a kind of mental masochism.²

We can now measure the exact bearing of the Freudian formula: the dream is the disguised fulfilment of a repressed wish. The formula is not concerned with the manifest content of the dream. Certain writers, relying solely on the manifest content, criticize Freud's theory, but that argument can lead nowhere, for Freud and his opponents are talking of different things. It may be said that Freud's statements do not take stock of the dream, but of the *causes* of the dream, the manifest content being an effect-sign of the latent content. But here again it must not be imagined that Freud holds that the latent content of the dream only contains wishes. He expressly states that among the latent ideas may be found a great variety of psychic activities, and he gives the following list, which is not by any means exhaustive: "project, warning, reflection, preparations, attempt to resolve a problem, etc."³ Strictly, his thesis consists in the assertion that the direction taken by the work of elaboration which leads from the latent ideas to the manifest content is determined by a wish.⁴ Whether Freud's theory be accepted, rejected or modified, it is important that it should first be seen for what it is. The following, rather lengthy, quotation should serve to prevent any misunderstanding of Freud's position:

¹ I. L., pp. 328-43; Jones, P. P., pp. 507-40.

² I. D., p. 440; I. L., p. 185.

³ I. L., p. 189.

⁴ I. L., pp. 188-90.

The only thing essential to the dream itself is the dream-work which has operated upon the thought-material; and when we come to the theory we have no right to disregard this, even if in certain practical situations it may be neglected. Further, analytic observation shows that the dream-work never consists merely in translating the latent thoughts into the archaic or regressive forms of expression described. On the contrary, something is invariably added which does not belong to the latent thoughts of the day time, but which is the actual motive force in dream-formation; this indispensable component being the equally unconscious wish, to fulfil which the content of the dream is thus transformed. In so far, then, as you are considering only the thoughts represented in it, the dream may be any conceivable thing—a warning, a resolve, a preparation, and so on; but besides this, it itself is always the fulfilment of an unconscious wish, and, when you regard it as the result of the dream-work, it is this alone. A dream then is never simply the expression of a resolve or a warning, and nothing more; in it the resolve, or whatever it may be, is translated into the archaic form with the assistance of an unconscious wish, and metamorphosed in such a way as to be a fulfilment of that wish. This single characteristic, that of fulfilling a wish, is the constant one: the other components vary; it may indeed itself be a wish; in which event the dream represents the fulfilment of a latent wish from our waking hours brought about by the aid of an unconscious wish.¹

For the sake of clarity, this important point may be differently presented. Among the latent ideas, the residual impressions of the previous day, which belong to the field of the preconscious and which the dreamer recognizes as his own, must be distinguished from the *wish* which belongs to the field of the unconscious in the strict sense, and which the dreamer does not recognize as his own.² We cannot for the moment carry the examination of the relations between the preconscious and the unconscious any further, the more so because Freud has altered his original formula of the psychic structure. This question will again call for consideration later.

We have stated Freud's ideas on the dynamism of dreams starting from the simple dreams of children; thence we have passed to the more complicated dreams of adults which led Freud to introduce his hypothesis of the censor; and we have seen how, thanks to this concept of the censor, Freud believed he could account even for the most disagreeable dreams in terms of wish-fulfilment. To complete our study we must show by examples how analysis manages to disclose a fulfilled wish behind the most unpleasant dreams.

A lady dreamed the following dream: "I want to give a supper

¹ I. L., p. 189.

² I. L., pp. 191-2.

party, but I have nothing except some smoked salmon. I think I will go shopping, but I remember that it is Sunday afternoon, when all the shops are closed. I then try to ring up a few caterers, but the telephone is out of order. Accordingly I have to renounce my desire to give a supper party."¹ The manifest content of this dream is just the opposite of a wish-fulfilment. Here now is the information supplied by analysis. After some trivial remarks the patient explained that the day before she had visited a lady friend of whom she was very jealous, because her husband spoke very well of her. Luckily the friend was thin, and her husband liked full figures. The friend spoke of her desire to get fat, and said to the dreamer, "When are you going to invite us again? You always have such good food." The "meaning" of the dream is now clear; it is exactly as though the dreamer had mentally answered her friend: "Oh, indeed, so I am to invite you so that you can have a good meal and get fat and become still more pleasing to my husband! I would rather give no more suppers!" The dream is nothing but a disguised fulfilment of the wish felt by a jealous woman to get rid of her rival. Freud's interpretation is confirmed by the discovery that smoked salmon is the friend's favourite dish.²

Here is another dream of one of Freud's patients. This lady saw in a dream her only daughter, aged fifteen, lying dead in a box. She was far from ready, as one may imagine, to see a wish-fulfilment in this dream. In the course of analysis she recalled that the day before she had spoken of the English word *box* and of its many possible translations in German. Other fragments of the dream led Freud to believe that his patient had seized on the resemblance between the English word *box* and the German word *Büchse*, and even that she had called to mind that *Büchse* is a vulgar word for the female sexual organs. He suggested that the child in the box represented the embryo in its mother's body.

At this stage of the explanation she no longer denied that the picture in the dream corresponded with a wish of hers. Like so many other young women, she was by no means happy on finding that she was pregnant, and she had wished more than once that her child might die before birth; in a fit of anger, following a violent scene with her husband, she had even struck her abdomen with her fists, in order to injure the child within. The dead child was, therefore, really the fulfilment of a wish, but a wish which had been put aside for fifteen years, and it is not surprising that the fulfilment of the wish was no longer recognized after so long an interval. For there had been many changes in the meantime.³

¹ I. D., p. 135.

² I. D., p. 153.

³ I. D., p. 159.

A Swiss alienist, Professor Weber, adduces the following example, which closely resembles the one we have just stated, in support of the Freudian thesis:

A lady asked me in conversation about the meaning of dreams, and I gave her Freud's explanation. "What!" cried Mme. X—, "And I dreamed that I had killed my child!" Clearly I was wrong, and the best thing I could do was to keep silence. The same evening I heard that Mme. X—'s husband had died of general paralysis, and that her child was an imbecile, if not actually an idiot. It is no libel on Mme. X—, who is an intelligent woman, to admit that the thought must have come to her mind that death was better than the life which awaited her son. Her heart naturally resisted such reasoning. In this conflict, the dream made her kill her child.¹

In 1920 Freud slightly lessened the uncompromising rigidity of his theory of wish-fulfilment through dreams. He emphasized the fact that the dreams of patients suffering from traumatic neurosis are usually purely and simply reproductions of the accident which caused the neurosis. This clearly squares very badly with his theory.² Other considerations, to which we shall return later, have prompted him further to admit "that there exists in the psychic life an irresistible tendency to reproduction and repetition, a tendency asserted without taking any account of the pleasure-principle, and superior to it."³ This importance accorded to the *automatism of repetition*, which constitutes a serious modification of Freud's system, partly bridges the gulf which divides his conception of the dream from the commonly accepted ideas.

IV. The Elements and Sources of Dreams

The essence of the Freudian theory of dreams is the assignment of paramount importance to the function of the wish, which is the real driving force behind the dream. But Freud also accords a causal role to the memories and sensations experienced during sleep. The word "causal" must here be taken to include both the materials or elements and the active forces. The active function being reserved for the wish, memories and sensations can merely supply it with the material upon which it is to work. If Freud spoke the language of Aristotle, he would say that the wish is the efficient cause of the dream, while memories and sensations are no more than the material cause.

¹ Weber, "Petite psychologie, quelques rêves," in *Archives internationales de Neurologie*, July, 1913, pp. 7-8.

² B. P. P., pp. 8-10.

³ B. P. P., p. 24.

As we have seen, Freud's predecessors have drawn attention to many special qualities of oneiric memory. By preference, the dream reproduces the impressions of the previous day; it selects principally what was indifferent and did not attract attention; it often brings back forgotten impressions of childhood.¹ Freud endeavours to relate these different characteristics of the dream to his theory.

The use made by dreams of the memories of the previous day seems to Freud to be a general law. His own dreams as well as those of his patients all borrow some element from the day which has just passed. He gives many examples of this, but we need not reproduce them here. Very recent events might be thought to play the same part as those of the preceding day; *a priori* this seems a plausible theory, but in fact Freud finds that it is not so. Every time he thought he had detected the return in a dream of an impression two or three days old, he found that it had reappeared in his memory on the actual day before the dream. This observation often provides him with a useful starting point for his analyses.² Once the fact is admitted, it must be explained. Freud takes a dream and applies his associative method to it. The result of this experiment is to establish that the recent and indifferent elements are always found to be linked to important elements, for which they are but the substitutes. The double problem of the use made of recent impressions and of the apparent insignificance of oneiric contents is thus resolved in a fashion both unexpected and strongly opposed to the common belief.

In the manifest dream-content I find merely an allusion to the indifferent impression, and I am thus able to reaffirm that the dream prefers to take up into its content experiences of a non-essential character. In the dream-interpretation, on the contrary, everything converges upon the important and justifiably disturbing event. If I judge the sense of the dream in the only correct way, according to the latent content which is brought to light in the analysis, I find that I have unwittingly lighted upon a new and important discovery. I see that the puzzling theory that the dream deals only with the worthless odds and ends of the day's experiences has no justification: I am also compelled to contradict the assertion that the psychic life of the waking state is not continued in the dream, and that hence the dream wastes our psychic energy on trivial material. The very opposite is true; what has claimed our attention during the day dominates our dream-thoughts also, and we take pains to dream only in connection with such matters as have given us food for thought during the day.³

In order to clarify his thought, Freud tells us that there is in the

¹ I. D., pp. 174-5.

² I. D., p. 181.

³ I. D., pp. 175-6.

dream a displacement of the psychic charge which passes from the important to the indifferent. When we study the "mechanisms" of the dream-work, we shall consider the nature of displacement in detail, and we shall give some examples. But this concept had to be introduced at this point in order to explain the utilization by the dream of recent and indifferent material.

The concept of displacement at once suggests an objection. Freud tells us that the indifferent is the important *displaced*; but that is simply a definition, an obvious tautologism. One might as well say that the false is the distorted truth, or that any inaccurate formula is true with the correction of a term. Freud's dictum does not express a law, but a convention. This objection is very strong when considered in the abstract, but like all the similar difficulties raised by scientific nominalism, it must be examined on the concrete plane. It amounts to saying that the relation (no matter whether it be called transposition, disposition or causality) between the manifest content and the latent content, each being separately and indisputably known, is an artificial arrangement of psycho-analysis. From this point of view, it will be seen that we have in fact already encountered this difficulty, when we pointed out, while dealing with the associative method, how it was possible to become aware of the reality of the causal relation between the latent content and the manifest content. Displacement is only one of the forms which this relation may take, one of the "mechanisms" whereby the work of elaboration is carried out. But because it has been particularly disputed, and because it may at first look like a fiction, fabricated by Freud to suit the needs of his system, it will be useful to point out how its objective existence may be judged. For the moment we shall confine our attention to some of our previous examples. In the dream of the skunk, on the one hand Taylor kicks a "smelly beast" which reacts paradoxically by giving out a sweet scent; that is the manifest content; on the other hand we know the story of the poisoned child, Taylor's apologies *pro domo sua*, and his master's orders to put an end to them; that is the latent content. Are we to say that the causal relation between the latent content and the manifest content is a fiction, that it is simply a verbal trick to maintain that the manifest content results from a transposition, a displacement of the latent content? In the dream of the strangling of the little white dog, are we to assert that to regard the oneiric fulfilment of the animal's death as a transposition of the hate felt towards the sister-in-law, is to *create* a relation and not to *observe* it? That is the whole question.

Freud maintains that by applying the associative method, starting from the insignificant elements of the manifest dream, important

elements (which are defined by the term latent) are reached, which must be recognized as the *real* cause of the oneiric evocation of apparent trivialities. It is by diffusion, by displacement of the affective emphasis from the essential to the incidental, that the latter is called into the dreamer's field of consciousness. It does not appear there of itself, but as the result of a borrowed force, and the associative method allows us to ascertain whence that is drawn. In Freud's view, therefore, to speak of displacement is not to offer a definition or to express a tautologism, but to establish a real causal relationship.

Freud carries his explanation further. In order that the potential affective force may discharge the important representations onto the accessory representations, the two must enter into contact. Our psychologist is therefore led to admit that images have a natural tendency to fuse together in dreams. "If the day has brought us two or more experiences which are significant enough to evoke a dream, the dream will blend the allusions to both of them into a single whole: it obeys *a compulsion to make them into a single whole*."¹ That is what Freud calls *condensation*, which we shall study later in detail with the other "mechanisms."

We are now in a position to draw up a list of the sources of the dream. Freud distinguishes four cases. First case: a recent and important fact of our psychic life is directly represented in the dream. There is clearly no need for interpretation here. Second case: several recent and important facts are blended into a single whole by the dream. Here analysis is necessary, but its function is limited to the resolution of a condensation. Third case: one or several recent and important events are represented in the dream by the calling up of a contemporaneous but indifferent event. The analysis becomes more difficult; a displacement must be retraced in its inverse order, and it may still be necessary to resolve a condensation into its components; but as the components involved are contemporary, the work will not be too difficult. Fourth case: an important but past psychic fact is represented in the dream by a recent and indifferent impression. Displacements of this kind are often to be found in the psychoanalysis of neurotics.² It seems that as a result of the considerable part played by the impressions of the day before the dream, the freshness of the image gives it "a certain psychological value for dream-formation, somewhat equivalent to the value of emotionally accentuated memories or trains of thought."³

The conclusion of all this is clear, and Freud draws it with an uncompromising logic:

¹ I. D., p. 179.

² I. D., p. 181.

³ I. D., p. 182.

I assert that there are no indifferent dream-stimuli, and therefore no dreams without significance. This I absolutely and unconditionally believe to be the case, apart from the dreams of children, and perhaps the brief dream-reactions to nocturnal sensations. Apart from these exceptions, whatever one dreams is either plainly recognizable as being psychically significant, or it is distorted and can be judged correctly only after complete interpretation, when it proves after all to be of psychic significance.¹

The revaluation of the dream effected by psycho-analysis is complete.²

The hypermnnesia of the dream is not limited to causing the re-appearance of countless little details of the day before which seemed to have been forgotten, or indeed never to have been registered at all; it often brings memories of early childhood to light. Freud dwells on this with pleasure. Moreover it is of considerable practical importance in the psycho-analysis of the neuroses. "Infantile amnesia is for the most part overcome in connection with the interpretation of dreams."³ Here are some examples of the influence of childhood memories on dreams.

A physician, in his thirties [writes Freud] tells me that a yellow lion, concerning which he is able to give the precisest information, has often appeared in his dream-life, from his earliest childhood up to the present day. This lion, known to him from his dreams, was one day discovered *in natura*, as a long-forgotten china animal. The young man then learned from his mother that the lion had been his favourite toy in early childhood, a fact which he himself could no longer remember.⁴

The case just quoted deals with the manifest content. The action of childhood's memories is seen to be even more important if they may be found by analysis in the latent content. Here is another example from the same physician.

After reading Nansen's account of his polar expedition, he dreamt that he was giving the intrepid explorer electrical treatment on an ice-floe for the sciatica of which the latter complained! During the analysis of this dream he remembered an incident of his childhood, without which the dream would be wholly unintelligible. When he was three or four years of age he was one day listening attentively to the conversation of his elders; they were talking of voyages of discovery, and he presently asked his father whether that was a bad illness. He had apparently confounded *Reisen* (travels, voyages) with *Reissen* (gripes, tearing pains), and the derision of his brothers and sisters prevented his ever forgetting the humiliating experience.⁵

¹ I. D., p. 183.

⁴ I. D., pp. 189-90.

² A. S., pp. 79-80.

⁵ I. D., p. 190.

³ A. S., p. 84.

If the memories (properly so called) of childhood have a certain action in dreams, the dispositions and affective urges formed during the same period play a still more important part. Freud gives several examples of this which throw an interesting light on his personal psychology. He quotes in particular a series of dreams of a missed journey to Rome which by association recall to him the failure of Hannibal's project to seize the City, and his long day-dreams on this subject as a schoolboy. Exposed by his racial origins to the hostility of his antisemite school-fellows, he had made the great Carthaginian warrior his favourite hero and the symbol of his race's desires for revenge. At the age of ten or twelve he had heard his father tell of an annoying incident he had long ago suffered without complaint at the hands of an antisemite. The child, struck by his father's story, had called up to his mind the scene of Hamilcar making his son swear by the household altar that he would be revenged on the Romans. Freud sees in this important childhood's memory, so strongly charged with painful affectivity, the hidden source of his dreams of the missed journey to Rome. Carrying his reconstruction still further, he links his day-dreams about Hannibal with some earlier day-dreams about Napoleon and his marshals. Napoleon, like Hannibal, had crossed the Alps.¹

Experience in dream-analysis [Freud concludes] has drawn my attention to the fact that even from dreams the interpretation of which seems at first sight complete, because the dream-sources and the wish-stimuli are easily demonstrable, important trains of thought proceed which reach back into the earliest years of childhood. I had to ask myself whether this characteristic does not even constitute an essential condition of dreaming. If it were permissible to generalize about this, I should say that every dream is connected through its manifest content with recent experiences, while through its latent content it is connected with the most remote experiences.²

Later we shall see the close bond which Freud has established between infantile memories and the unconscious proper. The demonstration of the influence of the images and sentiments of childhood on dreams and the interpretation of dreams in terms of the action of desires which emanate from the unconscious proper, are to Freud's mind identical.

Beside these mnemonic dream-sources we must, as we know, allow for somatic sources—the sensory stimuli. Freud is chiefly concerned with limiting their role as much as possible, for he believes that this type of explanation has been much abused.

¹ I. D., p. 196.

² I. D., p. 214.

Reverting to the aforementioned division of sensations into objective, subjective and internal sensations, Freud relies on Miss Calkins's statistics to show the comparative rarity of their intervention in dreams.¹ He lays special stress on the following argument. Since the dream may react in a number of different ways to any given physical stimulus, the explanation in terms of sensation is never more than partial.² Moreover the mind is capable of recognizing while dreaming certain favoured sensations, and of reacting to them by an immediate awakening: as in the case of the mother who wakes at the least cry of the infant in the cradle. If the physical stimulus were the *proper* cause of the dream, a single effect only would be produced, but the facts show that it is not so.

In response to a touch- or pressure-stimulus experienced while I am asleep, a variety of reactions are at my disposal. I may overlook it, and find on waking that my leg has become uncovered, or that I have been lying on an arm; indeed, pathology offers me a host of examples of powerfully exciting sensory and motor stimuli of different kinds which remain ineffective during sleep. I may perceive the sensation during sleep, and through my sleep, as it were, as constantly happens in the case of pain stimuli, but without weaving the pain into the texture of a dream. And thirdly, I may wake up in response to the stimulus, simply in order to avoid it. Still another, fourth, reaction is possible; namely, that the nerve-stimulus may cause me to dream; but the other possible reactions occur quite as frequently as the reaction of dream-formation. This, however, would not be the case if the incentive to dreaming did not lie outside the dream-sources.³

While the somatic theory in its usual form is clearly inadequate, it does not become a valid explanation of the dream simply through the addition, as Scherner has it, of the observation that the imagination is capable of symbolizing physical stimulus while displaying original activity. Even with this corrective the *primum movens* of the dream remains *always* of a somatic order. Now if the cœnesthetic stimuli which are continually being produced during sleep were the real cause of dreams, we should spend the whole of the night symbolizing our organs. If it is replied to this objection that in order to stimulate a dream, the cœnesthetic stimulus must fulfil certain special conditions, no doubt that is a possible hypothesis, but it is a retreat to the purely and simply unknown: these special conditions must be accurately and concretely stated, otherwise they become a mere postulate advanced to save the somatogenic theory. It is more satisfactory to admit that psychic motives sometimes lead us to pay

¹ I. D., p. 217.

² I. D., p. 219.

³ I. D., p. 220.

attention to intestinal sensations which are always present, but that is to abandon the somatogenic theory in favour of the psychogenic theory.¹

Freud thinks that the method of dream-analysis which he has invented proves directly and positively "that the dream possesses intrinsic value as psychic action, that a wish supplies the motive of its formation, and that the experiences of the previous day furnish the most obvious material of its content."² This new argument allows him to put a definite end to the foregoing discussion, which ran the risk of remaining undecided: the upholders of the somatogenic theory have still the resource of invoking hitherto undiscovered physical stimuli. No doubt, even if the legitimacy of this appeal to the unknown be allowed, sensation is not thereby made a *sufficient* cause of the dream; the part of the *necessary* cause remains to be allotted to it. The only satisfactory method of effectually refuting this conception is to adduce examples of dreams whose content may be *completely* connected with a psychic motivation the reality of which is ascertainable by other means: we may refer, for example, to the dream of the skunk. The best method of refuting a theory is to replace it by another.

It remains for us to incorporate in Freud's doctrine what is acceptable in the theory of somatic stimuli. For this purpose Freud relies on condensation and displacement. We have seen that representations of important events can be fused into a single whole, and the psychic accent may be displaced from the essential to the accessory. In the same way sensations may be joined to ideas and to images to supply materials for the wish's elaboration. In the somatic theory, the causality of sensation was efficient; in Freud's view, it is almost solely material.

The stimuli which occur during sleep are elaborated into a wish-fulfilment, of which the other components are the psychic remnants of daily experience with which we are already familiar. This combination, however, is not inevitable; we have seen that more than one kind of reaction to the physical stimuli occurring in sleep is possible. Where this combination is effected, an imaginative material for the dream-content has been found which will represent both kinds of dream-sources, the somatic as well as the psychic.³

Moreover Freud's attitude towards the part played by sensations is not entirely uncompromising, for as we have seen, he admits that sensations of organic needs such as hunger or thirst may be a true efficient cause of dreams.⁴

¹ I. D., pp. 220-23. ² I. D., p. 223. ³ I. D., p. 223. ⁴ I. D., p. 228.

Here are two examples of external sensory stimuli tendentiously transformed by dreams. Both are concerned with the sound of gunfire at the time of the German air-raids over London.

A patient, a woman aged forty, dreamed that she was buying Christmas presents in a fair. Before her was a box containing, in two rows one above the other, six bull's-eye lanterns or electric torches, of which only the front glass could be seen. At this point a report of artillery was heard and she exclaimed "Goodness! That must be a raid." Someone close by, however, said "Oh, no, don't you know they are beating the drums in honour of the end of the war" (or else "of the victory," the patient having the impression of both phrases). She was again alarmed by a second report, but was once more reassured. She then recollected that she had heard about the arrangements for the celebration, and was thinking about the details when she was awakened by someone knocking at the door. By this time the dream had so successfully dissuaded her of any possibility of a raid that she never thought of it on waking—she didn't even hear at first the loud firing that was going on—but supposed that the lady whose rooms were below had forgotten her flat-key and wanted to be let in (there being a common door-key to both sets of rooms). She was firmly persuaded of this until she opened the door below and found that there was a raid alarm. The reports in the dream were doubtless those of the near guns, whereas she had been able to transform the more distant earlier sounds into harmless imagery.¹

This dream shows very clearly how a sensory stimulus may be decked out in the meaning of the wish. For the anti-aircraft fire the dreamer substitutes the drums of victory; the error persists after awakening, and yields only to objective verification. The day before the dream news had been received of the victorious end of the campaign in German East Africa. This impression from the previous day is skilfully condensed with the noise of the firing and produces the oneiric illusion of the end of the war, an illusion naturally motivated by the wish.

Here is the second dream:

A patient, a man of thirty-four, dreamed that a boat-load of women and children were escaping under rifle-fire, the scene taking place in India during the Mutiny. They managed to escape, after which he was concerned with the problem of how to publish the news of their terrible sufferings in the English newspapers without too greatly harrowing the feelings of the civilian population. The scene then changed and he was charged with the task of deciding

¹ Jones, P. P., p. 214.

how best to punish the mutineers. Some were blown from the mouths of cannons (as happened historically), and others were to be mown down by guns drawn up in a city square. The latter performance was in progress and he was debating whether there was any danger to the civilian population through shell splinters when he awoke to the booming of the barrage.¹

This dream does indeed seem to have been provoked by a sensory stimulus, but the latter evokes the image of events which took place sixty years before and far away from England. Moreover the dreamer's desire for revenge on the Germans on account of the submarine warfare is shown in the scene in which he suppresses the Indian Mutiny. The sensory material is palpably worked into the meaning of the wish. The dream is at once reassuring and vengeful.

The two examples of dreams which we have just quoted clearly illustrate the Freudian theory of the dream as the guardian of sleep: the separate aspects of the theory are linking up.

The problem of the part played by sensations is connected with that of the nightmare. We have already seen how Freud interprets a large number of them, those whose origin appears to be mainly psychic. The time has come to speak of nightmares whose origin is somatic. Freud readily admits their existence, but he thinks that anxiety of somatic origin (diseases of the lungs and heart and difficulty in respiration) is used by the dream to "help such strongly suppressed wishes to attain fulfilment in a dream, the dreaming of which from psychic motives would have resulted in the same release of anxiety."²

A patient of Stekel's dreamt the following dream a few days before the onset of spotted fever.

I dreamed that I was on a visit to my parents in the town of my birth. The day was just dawning, and I was sitting in my parents' bedroom as they lay in bed. Suddenly in the courtyard of the house a trumpet sounded. Everyone hurried to the window, and we saw a black horseman, in helmet and armour, with his sword drawn. He dismounted, and to the astonishment of all came straight into the house, where he looked round as if seeking someone. Suddenly he pointed at me and said: "Since there is no one else here who can go to the war, she there must go." My parents began to wail; I clasped my hands, fell at his feet, and begged him with tears to spare my life as I was so young. However, he consoled us; "Weep not, I will bring her back to you."³

This nightmare certainly seems to have been provoked by the illness which was to break out a few days later. The death-anxiety

¹ Jones, P. P., p. 215.

² I. D., p. 231.

³ Stekel, C. N. A., p. 396.

which shows clearly through it is a reaction to the cœnesthetic feelings of discomfort, which can be experienced in the state of sleep. That, then, is a case of somatogenic nightmare. But Stekel thinks that while in the first place this dream betrays the fear of death, in the second place it expresses a sexual wish, for it's setting is that of the abduction of a woman by a man. Anxiety of somatic origin would thus seem to be used for the satisfaction of a strongly repressed wish.

V. The Mechanisms of the Dream-Work

We have in turn studied both the driving forces of the dream and the materials upon which they operate; now we must examine the transformation processes actually at work. They are commonly called the "dream-mechanisms." It is logically possible to admit the mechanisms and to reject the forces to which Freud attributes their operation. That the images of the previous day are blended in the dream is a fact which everyone can ascertain for himself. But the nature of the force responsible for this fusion is another question susceptible of several answers. The study of mechanisms belongs to the descriptive stage of the study of dreams, to which the dynamic explanation of the conflict between wish and censor adds theoretical interpretations.¹ That being so, it might conceivably have been better to place the study of the ascertainable mechanisms of the dream before that of the more or less hypothetical forces which activate them. Freud does not keep to this sequence, and we felt obliged to follow him in tackling the problem of the dynamism of dreams first. There is no disadvantage in doing so, once it is emphasized that the study of mechanisms is independent of all hypotheses about the driving forces of dreams.

(i) Condensation

The analysis of any dream leads invariably to the discovery that the manifest content is an abbreviation of the latent content. "The dream is meagre, paltry, and laconic, in comparison with the range and copiousness of the dream-thoughts."² This is what Freud calls *condensation*. It must not, of course, be supposed that all the ideas which crop up in analysis should be given a place among the causes of the dream, but they are substitutes for them, and allow of their release by a series of approximations.

It is true, of course, that certain associations of ideas first appear during analysis; but one can establish the fact that every time this

¹ Jones. P. P., p. 181; Baudouin, S. P., pp. 21-7.

² I. D., p. 270.

happens such new associations have always been made only between thoughts which have already been connected in other ways in the dream-thoughts. The new associations are, so to speak, corollaries, short-circuits, which are made possible by the existence of other deeper paths of association. It must be admitted that the great majority of the ideas revealed in the course of analysis, have already been active at the time of the formation of the dream, for if we work through such a concatenation, which at first sight seem to have played no part in the formation of the dream, we suddenly come upon a thought which occurs in the dream-content, and is indispensable for its interpretation, but which could not have been arrived at except through this chain of thoughts.¹

The following is a vivid example of condensation which shows how superficial associations produced in the course of analysis, having the appearance of true puns, may lead to the true causes of the dream.

A patient, a man aged thirty-seven, dreamed that he was being attacked by a man who was armed with a number of sharp weapons; the assailant was swarthy, and wore a dark moustache. He struggled and succeeded somehow in inflicting a skin wound on his opponent's left hand. The name Charles seemed to be somehow related to the man, though not so definitely as if it were his name. The man changed into a fierce dog, which the subject of the dream succeeded in vanquishing by forcibly tearing his jaws apart so as to split his head in two. No one could have been more astonished at the dream than the patient himself, who was a singularly inoffensive person. The name Charles led to the following free associations: A number of indifferent acquaintances having this as their Christian name—a man, named Dr. Charles Stuart, whom he had seen at a Scottish reunion, at which he had been present on the day before (this man, however, wears a beard)—another man present at the reunion whose personal appearance had many traits in common with his assailant in the dream—the Scottish Stuart Kings Charles I and Charles II—again the acquaintance Charles Stuart—Cromwell's designation of King Charles I, "that man Charles Stuart"—the medical practitioner of his family, whose name was Stuart Rankings, and who had died when the patient was nine years old. Then came the memory of a painful scene, previously quite forgotten, in which the doctor had roughly extracted two teeth from the terror-stricken patient after forcibly gagging his mouth open; before he could accomplish this the doctor had had his left hand badly bitten. The date of this occurrence could from extrinsic evidence be referred to the patient's fifth year.²

This dream really illustrates the whole of Freud's psychology of

¹ I. D., p. 271.

² Jones, P. P., pp. 209-10.

dreams. The action of the wish is apparent: the subject is taking vengeance for the violent treatment he once suffered from the doctor. Freud would see the influence of the censor in the disguised form which the vengeance assumes. Instead of tearing the dentist's head in two, the dreamer tears that of a dog. Why this substitution? The doctor in question was a great dog-fancier, and had made the patient a present of a fine mastiff, to which the child was much attached. The patient's father had often inveighed against his doctor's dissolute way of life, saying that he behaved like a "gay dog"; the said doctor had moreover ended by "dying like a dog," having accidentally swallowed an over-dose of poison. From the dynamic point of view, this dream appears clearly as the disguised fulfilment of a long since repressed wish for vengeance. Those who admit the Freudian theory of the censor will say that the displacement from the man to the dog is due to the censor, and that the disguise is an end, not merely a result. Those who reject the theory of the censor will hold that the displacement is self-sufficient, in that it expresses a law of diffusion of affective energy, parallel to that whereby heat always passes from a warm body to a cold body. The disguise will be a result and not an end.

Let us proceed to examine the materials of this dream. We find here the "hang-over" influence of events which took place on the day immediately preceding the dream. The evening before the dream, in fact, the subject had met Dr. Charles Stuart, whence the introduction of the Christian name "Charles" into the dream. Now this Dr. Charles Stuart was himself a dentist, and a week before he had performed a painful extraction on the dreamer's wife; when he met him the day before the dream, he asked for news of his patient. The effect of this conversation had been to reawaken in his unconscious the old memories relating to the dentist he had known in his childhood, Dr. Stuart Rankings. The fusion of recent and infantile elements is obvious; the recent images effect the release, but the affective energy has its principal source in the event of childhood.

We come at last to the mechanisms. We have already had cause to mention displacement in speaking of the dream-forces; it is practically impossible completely to separate the different problems which arise from the psychology of dreams, for they necessarily overlap. The dream is an organism; it cannot be dissected without its being killed. The condensation is very clear in the above case. The assailant in the dream is manifestly composed of the images of the two dentists blended together: while retaining the Christian name of the later dentist, Charles Stuart, he shows, in the violence of his action and the fact that he is bitten in the left hand, the principal

characteristics of the earlier dentist, Stuart Rankings. From the plastic point of view, the condensation is not perhaps very marked, but it is quite typical from the point of view of the structure of the dream and of the causes giving rise to it.

The expedients whereby the analysis arrived at the latent content are no less ingenious. "The play on his name Stuart Rankings (Rank-kings)," writes Jones, "which enabled him to become identified first with the Stuart King Charles, and then with Charles Stuart, and finally to be called in the dream plain Charles, is interesting."¹ At first sight, the patient's associations seem to be simply those of sound, but it is in this very verbalism that the solution of the problem of the dream lies hid. It is easy to gather from this example what Freud means when he asserts that the superficial associations are but substitutes for deeper associations. Once more we may verify the fundamental idea of the affective *thematism* of the spontaneous associations, and may be able to judge whether the whole interpretation of this dream may reasonably be attributed to pure chance.

In order to explain more clearly what he means by condensation, Freud frequently says that the images of the manifest content are *over-determined*.² By that he means that each manifest element depends on several latent causes, and that in consequence it expresses several hidden thoughts. As the examples which Freud gives could only repel those who have no practical experience of psycho-analysis, we shall borrow from Frink the analysis of a dream in which the over-determination stands out almost diagrammatically.³

A young woman dreamt that she was walking on Fifth Avenue with a friend, and that she stopped in front of a milliner's shop window to look at hats. She seemed to remember going in at last and buying one. This dream appeared to be hopelessly commonplace. Analysis provided the following data:

The friend in the dream reminded the dreamer of an event of the previous day. She had actually been walking on Fifth Avenue with the lady in question, but she did not buy any hats.

Asked to proceed, she said that her husband had been in bed that day. She knew that it was nothing serious, but she had been very uneasy, and could not get rid of the notion that her husband might die. In the midst of all this her friend called, and her husband suggested that a walk might dispel her gloomy fancies. Having said that, the young woman remembered that during the walk she had talked of a man whom she had known before her marriage. When asked to go on she hesitated, but at last said that she thought she had been in love with him. Frink asked her why, if that were the

¹ Jones, P. P., p. 210.

² I. D., p. 274.

³ Frink, M. F., pp. 67-9.

case, she had not married him. The young woman laughed and said that the marriage had never been arranged, adding that his financial and social position was so far above her own that it would have been fantastic to dream of it. Frink found it impossible to obtain any further information about this story, and the patient ended by saying that it was a young girl's foolish affair, and of no possible significance.

Then Frink asked her to associate on the buying of the hat. She told him that she had much admired the hats in the milliner's shop-window, and that she would have very much liked to buy one, but that it was impossible because of her husband's poverty. Clearly the dream was satisfying her wish by allowing her to buy a hat. But that is not all. The dreamer suddenly remembered that in her dream the hat which she bought had been a black hat, a *mourning hat*, in fact.

This apparently insignificant detail actually betrayed her secret to the psycho-analyst.

It often happens [writes Freud] that in the midst of an interpretation an omitted fragment of the dream suddenly emerges which is described as having been previously forgotten. This part of the dream that has been wrested from forgetfulness is always the most important part. It lies on the shortest path to the solution of the dream, and for that very reason it was most exposed to the resistance.¹

Here is Frink's interpretation. The day before the dream, the patient was afraid her husband would die. She dreamt that she was buying a mourning hat, and thereby fulfilled a death-fantasy. In real life she was prevented from buying a hat by her husband's poverty. In the dream, she was able to buy one. This implied that she had a rich husband. We need not look far to discover who was meant: the associations introduced us to the man with whom she was admittedly in love, and about whom she refused to give a complete account. He was very rich, and if she were his wife, she would be able to buy herself all the hats she pleased. We therefore conclude: the young woman is tired of her husband; her fear of seeing her husband die is only a compensation-process, a defence-reaction against her real wish for his death: she would like to marry the man with whom she was in love and who has enough money to satisfy all her whims.

When Frink made his patient acquainted with the interpretation of her dream, she admitted that it was justified, and told him several facts which confirmed it. The most important of these facts was that

¹ I. D., pp. 478-9.

after her marriage she had learnt that the man with whom she had been in love had also been in love with her. That had naturally revived her feeling; she had regretted her hasty marriage, telling herself that if she had waited a little longer, she would have done much better for herself.

We quoted this dream as containing an excellent example of over-determination. The buying of the mourning hat is indeed determined by the three-fold wish to see the death of her husband, to marry the man she loved, and to have money.¹

We must notice in passing that according to Freud a dream-image may correspond to several wishes which in real life could not be granted simultaneously.² If her husband were dead and if she had married her old love, Frink's patient would not, after her second marriage, have bought a mourning hat.

This dream also allows us to form an idea of the results of the associative method. As we have already stated, the relative stability of the associative links is a hypothesis which can be confirmed or invalidated by experiment *alone*. The objections raised by the critics of psycho-analysis are perfectly probable *a priori*. Without having oneself analysed dreams, one cannot but be impressed by their argument.

It is doubtful whether complexes exist in water-tight compartments [writes Professor Charles Blondel] whether they do not share ideas in common; whether the same feeling, memory or idea may not belong to several complexes at one and the same time. So if at seven o'clock a manifest element has formed part of a dream in which it interpreted the action of a given complex, there is nothing to prove that at eight o'clock, when the subject is questioned, the ideas evoked by the recall of this element must necessarily relate to the complex which contributed to the dream: they might equally well be determined by another complex whose ambit contained the same element. Everything, indeed, inclines us to suppose that this is usually the case, for the physical and mental situation must inevitably have changed to a certain extent between the dream and its investigation. The thought has evolved, and, so to speak, travelled. In my case, for example, Josephine forms part of the imperial-complex because of Napoleon, and of the operetta-complex because of the Josephine whom her sisters sold, and from one moment to another the hearing of this name may arouse very different ideas and feelings within me.³

The psycho-analysts would reply that these observations on associative links are perfectly plausible in the case of affectively

¹ Frink, M. F., p. 69.

² I. D., p. 127.

³ Blondel, P., pp. 141-2.

neutral imagery, but they cannot apply to products with a strong affective charge. We may be sure that for a parent who has lost a little girl called Josephine, the word will not form part either of the "imperial-complex" or of the "operetta-complex." The word complex, too, should only be used of a constellation of images united by a strong affective charge, which is the very definition of the term "complex";¹ no other use of the word is legitimate.² Can it really be supposed that in the case we have just been studying, the image of the purchase of a mourning hat has no causal relation whatever with the wish for her husband's death in order to marry the man who stands for both love and money?

Freud not only admits that an image of the manifest content may correspond to several thoughts of the latent content, but that conversely a latent thought may exert its influence on several manifest images.³ We must clearly accept this with some caution, for complete reciprocity would be incompatible with the etymological meaning of the word "condensation," which Freud evidently means to maintain, for he asserts that the latent content is always more extensive than the manifest content.⁴ The Viennese psychologist intends to emphasize the extremely intricate complexity of the associative links between the manifest dream and its causes. The formal simplicity of the dream of the purchase of the mourning hat is far from being the general rule. In the examples which he has given, Freud has succeeded only too well in exhibiting the extraordinary intricacy of the web spun by the dream. His analyses of tangled dreams exhaust the reader's attention, and end by losing all evidential value.

Condensation may occur with all types of images. It is particularly striking in the field of visual images. The dream sometimes creates a *collective person*, with every feature borrowed from a different individual in real life; in other cases their common characteristics are emphasized and their differences erased.⁵ These composite formations have been pointed out long before Freud, as well as later by non-analytical psychologists. Here is an example taken from Delage:

One night I saw a person well known to me, but with the features of a mulatto and the body of a monkey. On waking, I remembered that the day before I had seen a mulatto whose face had interested me, and some days before I had stood for a long time watching a child who was playing most engagingly at imitating the gait and appearance of a monkey.⁶

Delage explains facts of this kind by extended association in the

¹ P., p. 199.

³ I. D., p. 269.

² H. P. M., p. 313.

⁴ I. D., p. 282.

⁵ I. D., p. 274.

⁶ Delage, R., p. 127.

classical manner; he makes no systematic search for the unconscious causes of associative links, though he sometimes indicates them, as in the "vortex" example which we studied earlier; he does not further the idea of unconscious affective *thematism*,¹ and possesses indeed no means whereby he might reveal it. Freud, on the other hand, holds that the superficial associations as well as grotesque condensations have an unconscious affective motivation which may be brought to light by his method. Here is a typical example of an apparently absurd condensation, the unsuspected cause of which is discovered by psycho-analysis.

One of Ferenczi's patients saw in a dream an image formed of a physician and of a horse, dressed in a night-shirt.² This is surely a most perfect specimen of those absurdities of the dream-world which have so powerfully contributed to discrediting the dream. Starting from the horse, her associations led the patient to recall that in her childhood she had had a phobia of horses; she avoided them for fear of seeing them ease nature. Later she remembered that at an earlier period her nurse used to take her to some barracks, where she had observed horses performing the functions of excretion with a curiosity which had not as yet been repressed. The night-shirt reminded her of her father: when she slept in her parents' room, she had on occasions seen him easing nature while thus dressed. The presence of the physician in a composite formation of such motivation made Ferenczi suspect that he too had been the object of his patient's displaced curiosity, a hypothesis which he later verified.³

Thus analysed, a condensation ceases to appear absurd; it is strictly *thematic*, but the modes of expression of this *thematism* offend the logic of our waking thoughts. Logic therefore lazily concludes that dreams are due to chance. "The little that we know about them," answers the psycho-analyst, "leads us, on the contrary, to see them as subject to a determinism much stricter than that which governs our waking thought."⁴

Verbal images, whether visual or auditory, may likewise undergo the process of condensation. Sadger, one of Freud's oldest colleagues handed him once an essay which he had published under the title *The Story of the Thinking Egg-White*, in praise of the works of Flechsig. Freud was of the opinion that Sadger had over-estimated Flechsig's discoveries, and that his article was extravagant and bombastic. The night after, he dreamt the following sentence:

¹ Delage, R., pp. 300-12.

² I. D., p. 311.

³ Ferenczi, "The psychological analysis of dreams," in the *American Journal of Psychology*, vol. xxi, No. 2, April 1910, pp. 320-1.

⁴ Hesnard, S. N., p. 127, conclusion of note on p. 126.

"That is a truly NOREKDAL style." This word was clearly a parody of such adjectives as colossal and pyramidal, but it was not easy to trace its origin. At last Freud succeeded in dissecting the puzzling word into *Nora* and *Ekdal*, characters in two well-known plays by Ibsen. A short time previously he had read a newspaper article on Ibsen also written by Sadger.¹ Here too we find a certain *thematism* behind the verbal condensation which appears entirely absurd.

Marcinowski once woke up seeing the nonsensical word "ERZEFILISCH"² half-written, half-printed; he was not quite sure that it may not have been "ERZIFILISCH." Now the evening before, the governess (*Erzieherin*) had asked him to tell her about the problem of prostitution. While telling (*Erzählerisch*) her something about it, he had believed himself to be doing so from educative (*Erzieherisch*) motives. The strange word which appeared in his dream is a condensation of the words *Erzieherin-Erzählerisch-Erzeherisch-Syphilis*, a *précis* in dream form of the conversation of the day.³ However grotesque this medley of words may appear, it is none the less thematic.

(ii) Displacement

Displacement is the process whereby the affective charge is detached from its proper object and is directed towards an accessory object. It is one of the fundamental mechanisms whose influence, not only in dreams, but in all psychic formations, normal as well as morbid, is constantly emphasized by Freud.

Displacement does not only possess the affective character which enabled us to define it. It has also a representational character: it will be less easy to evoke the image which has lost its affective charge in the field of consciousness, where the image to which the affect has been directed will tend to take its place. It follows from this that the manifest dream has not the same central focus as its latent thoughts. The essential feature of the latent content seems sometimes to be scarcely represented at all in the manifest content.⁴ It is important not to lose sight of this dual character of displacement—representational and affective. It may be traced in several of the preceding examples. In the dream of the strangling of the little white dog, the affect of hatred is displaced from the image of the sister-in-law onto that of the animal (affective character); the result is that the image of the sister-in-law does not appear in the dream (repre-

¹ I. D., p. 285; Wittels, F., p. 76.

² This type of word is known in English as a "portmanteau word." The construction is familiar to students of Lewis Carroll. (Cf. the poem of the Jabberwock.) (Trans.)

³ I. D., pp. 291-3

⁴ I. D., p. 292.

sentational character). In the dream of the purchase of the mourning hat, the walk, which is in itself insignificant, is given the first place in the account of the dream; the purchase of the hat is presented as merely probable; and the memory of the essential point, the knowledge that the hat was black, is only recaptured in the course of analysis. The representational character of displacement is outstanding, but its cause is clearly affective.

Several authors, writing either prior to or independently of Freud, have described processes which have a close affinity to displacement, and seem sometimes to be identical with it. We may quote in the first place Pavlov's conditioned reflex. Its nature is well known. The normal salivary flow produced in a dog by the mastication of meat may be started by any stimulus such as a whistle, a bell, the lighting of a lamp, and so on, when over a certain period the stimulus in question has been constantly used each time the animal has been given its food. Pavlov has only studied conditioned reflexes in the field of secretions. Bechterew has studied phenomena of a precisely similar order in the motor field, giving to them the name of associative reflexes. There is clearly no reason to suppose that these secretory and motor reactions do not possess a complementary affective character. Must we then see in Freud's displacement no more than a conditioned or associative reflex? The psycho-analysts themselves have drawn attention to the close relationship between the mechanisms described by Freud and by the Russian physiologists. Frink goes so far as to say that the transference, which is only a form of displacement, may be identical with the conditioned reflex.¹ We maintain none the less that there is a difference between the conditioned reflex and displacement, at least when displacement reaches its maximum strength. In the conditioned reflex the affective charge is not really detached from its proper object, the proof of this being that the reaction is not indefinitely maintained. If the conditioned stimulus is used too often without the animal's being presented at the same time with the appropriate stimulus, the dog eventually ceases to react. Be it noted that the animal always reacts to the appropriate stimulus. It is otherwise in absolutely typical cases of displacement. The secondary object keeps its power of releasing the affect indefinitely; the primary object, moreover, loses this power. In obsessional neurosis the affect leaves the normal representation and becomes attached to an accessory image. So we see that displacement is, in its strict meaning, clearly distinct from the associative reflex, and appears to possess a more or less abnormal character. We must add that according to Freud, displacement is always the effect of the censor.²

¹ Frink, M. F., p. 119.

² I. L., p. 147.

It thus seems to imply a finality which the concept of the conditioned reflex does not convey.

Pavlov later described what he calls "experimental neuroses in dogs," which seem to be much nearer to displacement in the strict Freudian sense than the classical conditioned reflex. Here is the abstract given by von Monakow and Mourgue of one of the Russian physiologist's experiments.

An animal is given food, and at the same time its skin is stimulated by an electric current. To begin with, the dog does not accept the food, and has to be forcibly fed (defence reaction). Later weak currents are used and strengthened until the skin is actually singed; none the less, a *conditioned reflex* is set up without the slightest reaction and with no objective sign of pain (no alteration in the rhythm of the heart's action or in the rate of respiration). This reflex is maintained intact for several months; then the experiment is recommenced by stimulating more and more scattered areas of the skin. We may then observe a violent defence-reaction, even with the weakest current, and the absence of reaction to food no matter what points on the skin be chosen (whether they were the points chosen for stimulus in the former or in the latter experiment). The animal, which was once quiet, now becomes extremely excitable.¹

This very interesting observation of Pavlov's demonstrates the presence in the dog of reactions absolutely comparable to those which Freud has studied in man. Pavlov has every right to speak of experimental-neuroses. But I do not think that we shall find in these experimental neuroses displacement in the strict Freudian sense. We may be led into error by the fact that the reactions described by Pavlov are due to a conflict of forces, to the struggle between two opposing urges, which constitutes the very essence of the concepts of repression and of the censor. But while, in Freud's view, displacement is caused by the action of the censor, it is not identical with it. In the stage during which the conditioned reflex is being established, we have to consider a double aspect, negative and positive. The negative aspect is constituted by the cessation of the flight-reaction and the disappearance of the objective signs of pain. This negative aspect is clearly the result of the opposing action of the positive aspect, that is to say, of the formation of the conditioned reflex. This negative aspect, this inhibitory function, is clearly of the same nature as Freud's censor, but it cannot be said to result in a displacement. The objective reactions to pain disappear, but they

¹ von Monakow and Mourgue, I. B. N., p. 274. In vol. ii we shall deal with this question at greater length, and shall quote passages from Pavlov's own works. (D.)

are not transferred to a secondary stimulus. As for the positive aspect, which consists in the formation of the conditional reflex, we have already seen that it was distinguishable from displacement. At the time when the conditioned reflex is abolished, the flight-reaction reappears. Neither of these aspects is reducible to displacement.

We therefore reach the conclusion that displacement, in the strict sense in which Freud understands the word, is distinct from the processes described by Pavlov. Nor is it to be confused with the "transference" as Ribot conceives of it. The French psychologist has written an excellent description of the kind of contagion whereby a feeling is irradiated from its principal object to those which stand to it in some relation. "The lover transfers the sentiment at first called forth by his mistress, to her clothes, her furniture, her house. In absolute monarchies, the reverence in which the king's person is held is transferred to the throne, to the emblems of his power, to everything directly or indirectly connected with his person."¹ Ribot's transference is but the psychological counterpart of the conditioned reflex.

The name "compensation" has been given to many different processes. It may first of all denote "reaction-formations." Thus in the case of the forgetting of the name Milton, analysed in the first chapter, the dislike which the young woman felt for fair-haired young men was a reaction-formation against her love for her cousin, who was of this particular physical type. In other cases, compensation denotes the substitution of one form of activity for another; the second is reduced to a latent state and the first is charged with activity, but the first is not a transformation of the second. Von Monakow and Mourgue rightly emphasize the distinction between "substitution" and "transformation."² Many writers, indeed, have used either "compensation" or some other word to describe cases which come within the strict Freudian concept of displacement. Pierre Janet, in his classic work on *Les Obsessions et la Psychasthénie*, gives the following definition of what he calls "derivation." "When a force originally designed to be expended in the production of a certain effect remains unused because the effect has become impossible, derivations are produced; that is to say, that this force is expended in the production of other effects which were not originally intended and are useless,"³ and he quotes a simple example: "When we observe the devotion of a childless woman to a dog or a parrot,

¹ Ribot, *The Psychology of the Emotions*, p. 177.

² von Monakow and Mourgue, *I. B. N.*, pp. 266-7.

³ Janet, *O. P.*, vol. i, p. 555.

we are at once inclined to say that this is a case of a derivation of mother-love."¹

It seems then that we may conclude that while Freud's "displacement" is distinct from Pavlov's "conditioned reflex" and Ribot's "transference," it corresponds substantially with Janet's "derivation." There is no *intrinsic* difference between "displacement" and "derivation," but a certain *extrinsic* difference seems to subsist between the two processes: Freud and Janet do not attribute to them exactly the same causes. In Janet's view, the deflection of the affective change may be due to any undefined reason, Freud attributes it almost exclusively to endopsychic conflict and the action of the censor.²

Now we can see wherein lies the originality of Freud's views on displacement. It consists essentially in the assertion that displacement is an effect of repression. As Freud likes to remind his readers, "the doctrine of repression is the foundation-stone on which the whole structure of psycho-analysis rests."³ At first sight, the simple fact of the explanation of displacement by repression may not seem to be of any great consequence. To recognize that this new point of view is really important it is enough to compare Delage's dream-theories with those of Freud. Delage admits that the affect may become detached from its original moorings;⁴ and he was one of the first to maintain that repressed psychic processes are what mainly reappear in the dream.⁵ He was nevertheless unable to link up these two statements, and it did not occur to him to relate them. The result of this omission is that his theory of dreams remains incomplete: when a dream contains nothing but inanities, he believes it to be due to the fact that the mind at once turned from the impressions in question as soon as it had perceived them, or else dismissed them voluntarily. He does not see in these indifferent representations substitutes for others of importance to the dreamer. Three things stand in his way: he is unwilling to use the associative method; he does not attribute displacement of affect to repression; he has no conception of any but the conscious and voluntary type of repression (i.e., "suppression"). Delage is one of the writers whose views are closest to those of Freud. In spite of that, he would have been unable to grasp the meaning of dreams in which the manifest content is puzzling, such as the dreams of the skunk, of the strangling of the little white dog, or of the purchase of the mourning hat.

Let us apply the foregoing considerations on displacement to the analysis of a dream of one of Frink's patients. This girl, who was

¹ Janet, O. P., vol. i, p. 557.

³ H. P. M., p. 297.

⁴ Delage, R., pp. 301-12.

² I. L., p. 147; I. D., p. 295.

⁵ Delage, R., pp. 485-503.

suffering from an obsessional neurosis, dreamt that she was in the presence of someone whose identity was very vague, but to whom she was in some manner under an obligation. Wishing to thank him, she made him a present of her comb. The manifest content of this dream is wretchedly commonplace.¹

In order to understand the dream, the history of the patient must be known. The girl was a Jewess whose hand had been sought in marriage a year earlier by a Protestant. She fully returned his feelings for her, but the difference of religion had prevented the engagement. The girl had believed that a mixed marriage might be a happy one as long as there were no children, but as soon as children arrived, there would arise the problem of the religion in which they should be brought up, and thence would spring discord and unhappiness. On these grounds she had refused her suitor.

The day before the dream she had had a violent quarrel with her mother. As she was going to bed, she thought it would be better for herself as well as for her family if she were to leave home. She went to sleep pondering means whereby she could support herself without having recourse to her parents.

Frink asked her to associate on the word "comb." She answered that sometimes, when someone was about to use a brush or comb which did not belong to him, she had heard it said: "Don't do that, you will mix the breed." This association gives the key to the dream. The person whose identity remains vague is clearly the ex-suitor: by offering him her comb, the patient shows her wish to "mix the breed," that is to say, to marry him and to bear his children. This dream is only apparently insignificant. It really expresses an extremely important intention. But the mechanism of displacement has intervened, the idea of marrying the young Protestant is not visible in the manifest content, and is replaced by an absolutely incomprehensible substitute, the gift of the comb.²

An analysis of this kind demonstrates the originality of the Freudian concept of displacement. Let us take advantage of this to formulate the argument as a Freudian might. The dream of the gift of the comb, he would say, is strictly indecipherable until the associative method is applied to it; this succeeds in bringing to light a relation of transposition between the latent content and the manifest content. Psycho-analysis sees in this true causality: the manifest dream is an effect-sign of its hidden thought. To the assertion of displacement, which is hardly more than descriptive, Freud adds an explanatory hypothesis. Displacement is an effect of repression, instigated by the censor. The girl did not dream overtly that she

¹ Frink, M. F., p. 70.

² Frink, M. F., pp. 71-2.

was marrying her ex-suitor, because the proposal had been rejected by her reflective will; the urge had been suppressed. Owing to this inhibition, the affective energy was detached from its proper object and transferred to another image which had been rendered a suitable substitute by a pre-existing associative link. In Janet's language, we should say that a "derivation" has been formed. "Displacement" is the same thing as "derivation." But one must be able, when confronted with a derivation, to go back to its source. How can a dream such as that of the gift of the comb be connected with its causes without the use of the associative method, *which is Freud's uniquely original discovery*? The critics of psycho-analysis, who are willing enough to repeat that its true features are not new, and its new features are not true,¹ owe us an answer to this question. As Dr. de Saussure, one of Freud's best pupils, has very justly said, the Viennese master has made no startlingly fresh discovery apart from his method,² but we must add that without that method, in cases where an obscure dream of whose meaning the subject himself is entirely ignorant is to be connected with its causes, the most acute psychologist is as helpless as the "man in the street."

(iii) Dramatization

All psychologists who have studied dreams have observed the major part played by visual images. Conceptual thought seems to be resolved into plastic representations. This is the process which Freud terms *dramatization*.

Silberer, a Freudian dissenter, managed to obtain first-hand evidence of this regression of thought towards imagery. While engaged in intellectual work and forcing his mind, in spite of a strong desire for sleep, to attend to an abstract thought, "it frequently happened that the thought escaped him, and in its place there appeared a picture in which he could recognize the substitute for the thought."³ Here is a typical example. Silberer, almost asleep, was thinking of judgments of trans-subjective value (*transsubjektiv-gültigen Urteile*). He had the hypnagogic hallucination of a vast circle, or of a transparent sphere floating in the air, in which the heads of all men were contained. It is easy to grasp the meaning of this strange image. The validity of trans-subjective judgments is admitted by all thinkers: the circle encloses all the heads.⁴ One might almost say that in such a case a kind of "visualization" of

¹ Delage, R., p. 531.

² de Saussure, "Les doctrines de Freud," in Laforgue, R.P., p. 70.

³ I. D., p. 328.

⁴ Silberer, "Ueber die Symbolbildung," in *Jahrbuch für psychoanalytische und psychopathologische Forschungen*, vol. iii, pp. 689-90.

thought is involved. Verbal images often play an important part in the process of regression. Silberer, again in the same conditions, was thinking that he ought to correct a halting (*raboteux*) passage in an article; by hypnagogic hallucination he saw himself planing (*rabotant*) a piece of wood¹. The waking thought, starting from the concrete representation "halting," finds a certain analogy with the laboured style; thence the word "halting" acquires and retains a figurative meaning besides its proper meaning. Waking thought is progressive; it uses the same word to denote first the concrete, then the abstract. Dream thought is regressive, unable to maintain its position on the rarefied heights of abstraction, and falls to the level of the concrete. When studying the structural form which Freud attributes to the psychic apparatus, we shall have an opportunity of reverting to this concept of "regression."

Long before Freud, the Marquis Hervey de Saint-Denis, one of the most acute students of the dream, had observed that the use of verbal images by the dream thought may sometimes have the appearance of a pun. He quotes the following highly characteristic example. The word "Rosalie" aroused in the dreamer the image of a bedspread upon which roses were embroidered.² At first sight such an interpretation seems improbable, and it is at once objected that the dreamer is not sufficiently witty. It is true that the dreamer has no wit at all, and there is no question of crediting him with any; on the contrary, it is because he does not understand the meaning of the word "Rosalie" that it splits up by syllables into "rose à lit" (rose in bed), and that the corresponding visual images are called up by association. It would only have been a case of wit if the dreamer had *understood* the meaning of the word "Rosalie," and had voluntarily sought to transpose it. The objection is rooted in a misconception of a general law of thought, the primary importance of which we have already had occasion to point out: the law of the unconsciousness of relations. When we take into consideration that even in the most completely wide-awake thought, the relations whereby some of our representations arouse others operate before we become conscious of their action, and often without our becoming conscious of it at all, we readily understand that the same thing may apply to dreams. It follows that there is nothing astonishing in the fact that a word, for the very reason that its general meaning is not understood, should split up into its syllables, and that each of these

¹ I. D., p. 328.

² Hervey de Saint-Denis, *Les rêves et les moyens de les diriger*, p. 413, quoted by Saussure, "La psychologie du rêve dans la tradition française," in Laforgue, R., pp. 54-5.

should then call up some visual image by association. If we do not lose sight of the fact that this evocation is a causal and not a cognitive process, and that the relation of that process remains unconscious even after its action, the fact ceases to be improbable. The objection that the interpretation of dreams leads to the attribution of too much wit to the dreamer, has caused Freud to study the psychology of puns and the nature of wit.¹ Freud (who, so far as philosophy is concerned, is in a state of nature, as Wittels quite justly expresses it)² has not stressed the law of the unconsciousness of relations, and so his answer to the objection based on the over-witty aspects of the dream is correspondingly impoverished.³

As we shall shortly have to tackle the question of the representation of relations in dreams, we think we may usefully add some philosophical explanations of relations, by way of preparation; it will at the same time round off our refutation of the objection that the interpretation attributes too much wit to the dream.

We admit that relations (or at least some of them) are real, that is to say, that they do not depend on the knowledge which we possess of them. Two pieces of wood exist of themselves, and not because we are looking at them; in the same way, the relation of equality or of inequality in length, so far from being the result of our measurement, exists before it and conditions it. They do not become equal or unequal because we measure them; they were so before. Not only are relations real, but they are distinct from the terms whereby they are established: order is a different thing from that which is ordered; I can place three balls, which remain intrinsically the same objects, in an infinite number of different relational positions. Thence it follows that one may know two things without knowing their relations. This is quite clear in the case of relations which do not derive of necessity from their terms, but it is no less certain in the case of relations which necessarily proceed from their terms. Between the subject and the attribute of a theorem, a subject and attribute which may be separately known to me, there exists a necessary relation of implication, of which however I shall be unaware as long as I have not discovered the demonstration of the theorem. In the case in which a necessary relation exists between two terms (as for example the relation of similarity, which proceeds *ipso facto* from the existence of the terms), the simple knowledge of one of the terms allows the relation to act without being known. This process is constantly to be found in associative recollection. Let us add that it cannot be reduced to habit: in discovery, an idea A calls up a new idea B which shows a relation of analogy with A. Since a relation can only be

¹ I. D., p. 287 (note).

² Wittels, F., p. 159.

³ I. D., p. 383 et seq.

known as such subsequent to its terms, and since one of these terms, the idea B, does not as yet exist, it must of necessity be granted, as we have just done, that the knowledge of one of the terms is enough for the relation of analogy to act by causing the rise of the other term which is to be discovered. The part played by the unconscious in discovery, which so many writers have pointed out, is now seen to be a necessity and not a simple fact. The rise of the new idea can only be accomplished by an unconscious process. But discovery is only complete when the relation between idea A and idea B is grasped as a separate fact. This grasping of the relation in its pure state is the proper function of reason, which radically distinguishes the human from the animal type of psychic structure. The animal's possession of the representation A is enough for the latter to be able to call up the representation B, which shares with it the relation of similarity R, but this relation R not only acts before it is known, as in the case of man, but it is never known by the animal, even after it has acted. The well-trained dog associates the image of immobility with the word "stop," and stays motionless as soon as his master utters it; he therefore makes use of a sign, but he does not appreciate its significance. In the same way the dreamer passes by association from one image to another; he uses relations, but he does not isolate them; he does not understand them. On the other hand the scientist, after the action of the unconscious relation has caused the rise of a new idea, perceives the relation as a thing apart; he understands. Discovery, in fact, is made in two stages. The first stage is comparable to the evocation with unconsciousness of the relation in the case of the animal or the dreamer, but with this difference that concepts of a high order of abstraction are involved. The second stage is strictly rational, the intellection of relation considered simply in itself as a thing apart. Sometimes discovery consists in the rising-up process and the intellectual appreciation of a relation between two ideas already possessed; the unconscious action of the relation is then confined to the appropriate evocation. The accounts given by Poincaré of the origin of several of his discoveries seem to show that their origins may be traced to a process of this kind.¹ The discovery of several structural schemata by Kékulé seems to have been brought about by a process whereby relational unconsciousness has developed into the creation of a new schema. He was dozing on the top of an omnibus, and atoms were dancing before his eyes, first two by two and then in groups of three or four. He spent most of the night working out on paper the hypnagogic or

¹ Poincaré, *Science and Method*, trans. by Francis Maitland. Nelson, 1914, pp. 52-5.

oneiric images which had thus appeared to him, and in the morning he had the result. Another time the process was even more definitive. Atoms were again dancing before his eyes; they executed a snake-like movement, then the snake bit its own tail. Kékulé suddenly awoke with the impression of illumination, and spent the rest of the night in perfecting his idea. "Let us learn to dream, gentlemen," the great chemist concluded, "and perhaps the truth will come to us while we sleep; but do not let us publish our dreams before having passed them through the sieve of the waking reason."¹

It is the absence of this very rational discernment, of this sense of relations, which characterizes the psychic structure in dreams. That is why the dream can realize the most astonishing verbal associations without ever being "witty" in the exact sense of the word. It can use the most extraordinary relations of similarity, but it does not understand them. It knows their terms, and that is enough to bring them into play. Too many writers have shown no knowledge of this in their criticism of symbolism in dreams. When we assert that the dream has a "meaning," that it is a "sign" and a "symbol," these words must be understood in a purely objective and realist sense. *The dream is a "sign" because it is an effect, and because, for sufficiently intelligent minds, every effect is a sign of its cause.* The "meaning of the dream" is about as foreign to consciousness as is the relation of Argyll's sign (abolition in the pupil of the light reflex, with retention of the accommodation reflex) to general paralysis. It is too easily forgotten that the conventional sign is based on the natural sign, and that the latter is nothing but a causal relation understood by reason, a relation which need not be understood in order to exist. The objective and causalist point of view which governs organic semeiology must be transferred to psychology and direct the formation of what may be called a "psychic semeiology."

These somewhat metaphysical considerations allow us to avoid an *a priori* rejection of interpretations which exhibit the translation of the latent thought into the manifest dream as sometimes effected by means of associations of sound. Here is an example borrowed from Frink. A woman received a visit from an old admirer of hers who now lived in Massachusetts. Shortly after, she dreamt that she was standing before an open window. She saw before her a green prairie through which flowed a stream which seemed to rise from the foot of a rock. Here are the associations on this poetic dream. The greenness of the grass recalled to the dreamer a field of the same colour in which she used to gather primroses when she was a

¹ Pfister, P. M., pp. 240-1.

little girl. The stream is a real memory of a spring which rose in the middle of the prairie not far from the place where she lived as a child. We must remember that the word "spring" means both spring-time and the source of a stream. The associations of the dreamer are therefore: *a field in the spring*, and *a spring in a field*. The whole description is based on the words "spring" and "field." Frink infers that this dream-picture is a "visualization" of "Springfield," the name of the town in Massachusetts in which the dreamer's ex-admirer lived.¹

I do not adduce this example by way of a proof, but simply in so far as it raises a problem. The preconceptions which have arisen from the psychology of the conscious are so powerful that we do not realize that verbal associations are associations in as real a sense as any others, and that their power of evocation is no less. "For in the unconscious," writes Freud, "the paths of association emanating from a word are treated on a par with associations from objects."² The foregoing interpretation consists in saying that the dreamer's mind was preoccupied with the word "*Springfield*," which, being no longer understood during sleep, was split into two components: "*spring*" and "*field*." The word "*spring*" evoked the visual images of "stream" and "spring-time" with which it is normally associated; the word "*field*" evoked the visual image of a "field" (in the country-side). The three representations of "stream," "field" and "spring-time" were already united in the memory-images of the dreamer's youth, and reappeared in the dream. I must emphasize the difference between a dream which uses associations of sound and puns. The pun is understood by its inventor; the dream is incomprehensible to the dreamer himself. The "witty" appearance of certain oneiric products is actually the result of their most completely mechanical element, inferior thought treating words as things.

It should not be supposed that the regression of thought towards the image, oneiric or hypnagogic dramatization, is always effected by means of verbal associations such as puns. Here are two simple examples of the "visualization" of thought borrowed from Frau Dr. Spielrein:

A young man was exercised in his mind as to whether he would indulge in free love, or follow the austere tenets of his father, who was a pastor. While thinking of these problems, he entered a hypnagogic state, which must not be confused with the dream properly so called. In this state, he saw himself at the parting of two roads.

¹ Frink, M. F., pp. 63-4.

² W., p. 282.

The next day he told me what he had seen. I asked him what the place in his dream looked like; it was the place where he had spoken to the girl who had suggested to him the possibility of free love. One of these roads led to his father's house, the other resembled a road which possessed every kind of erotic memory for him. Thus the subconscious thought expresses by images what the conscious thought would have expressed in words. Another subject, a lady, once thought: "It is not worth making efforts in this life; as soon as one reaches the summit, something happens to make one come tumbling down, and one has to begin all over again." She went to bed in this depressed state; just as she fell asleep she saw a cockchafer climbing a railing. Just as it reached the top, a little girl touched its leg and it tumbled down, only to start climbing afresh. The lady was not at once aware that this hypnagogic vision was the expression in images of her conscious thought of the day before. Asked to observe the first thing that came to her mind when she thought of this image, she said: "You want to get on, and the devil pulls you back by the leg." Then the memory of her thoughts returned to her.¹

In the preceding pages we have stated and examined two propositions: the oneiric psychic structure uses mainly visual images for its processes, and it has no knowledge of relations. We are thus brought to the problem of the representation of relations in dreams. Freud has devoted several of the most interesting pages of his *Traumdeutung* to this question. Those pages afford evidence both of his exceptional gifts as an observer, and of the gaps in his philosophic education. He sees the problem, one might say, from below. Very often, while skirting a difficulty which is fundamentally of a metaphysical or epistemological order, he proceeds without seeming to be aware of it. This blindness to the problems raised by pure reason invests the results of his work with the invaluable quality of an independent verification of certain conclusions of traditional speculation.

Freud begins by noting that dreams have no means of representing logical relations.

The psychic material of which they are wrought must be responsible for this defect. As a matter of fact, the representative arts—painting and sculpture—are similarly restricted, as compared with poetry, which is able to employ speech; and here again the reason for this limitation lies in the material by the elaboration of which the two plastic arts endeavour to express something.²

¹ Sabine Spielrein, "Quelques analogies entre la pensée de l'enfant, celle de l'aphasique et la pensée subconsciente," in *Archives de Psychologie*, vol. xviii, pp. 320-1.

² I. D., pp. 298-9.

Let us translate this into philosophical language. Relations, as such, are inaccessible to the senses and can only be grasped by reason. One may see objects that are similar, but one cannot see their similarity. As relations cannot be perceived by the senses, so they could not be represented by the imagination; they can only be rationally understood. Freud is perfectly well aware that there cannot be images of relations, but he has gone no further: he ran the risk of discovering reason.

Here an objection arises, which Freud has not failed to formulate.

There are dreams in which the most complicated intellectual operations take place; arguments for and against are adduced, jokes and comparisons are made, just as in our waking thoughts.¹

Freud does not consider this difficulty to be decisive, and he answers it as follows:

But here again appearances are deceptive; if the interpretation of such dreams is continued it will be found that all these things are dream-material, not the *execution* of intellectual activity in the dream. The content of the dream-thoughts is reproduced by the apparent thinking in our dreams, but not the relations of the dream-thoughts to one another, in the determination of which relations thinking consists. I shall give some examples of this. But the fact which is most easily established is that all speeches which occur in dreams, and which are expressly designated as such, are unchanged or only modified replicas of speeches which occur likewise among the memories in the dream-material. Often the speech is only an allusion to an event contained in the dream-thoughts; the meaning of the dream is quite different.²

This passage is obscure, but if it is compared with other passages, to which we shall draw attention later, its meaning emerges. We shall try to state Freud's theory in exact philosophical language. For the moment we are not concerned with its truth or falseness, we are simply aiming at a clear statement. We believe that Freud has here caught a glimpse of a classical and logical distinction, the distinction between *signification* and *realization*. Let us, to clarify our meaning, take an example; the word "true," for instance. The logician will say that in respect of truth this word is simply significant; its function is limited to representing truth, but it does not realize it. Now let us take the proposition: "man is a reasonable animal," or the pro-

¹ I. D., p. 299.

² I. D., p. 299. Dr. Dalbiez adds a note here to point out that he has substituted the word "execution" (which he underlines) for the word "representation" in Meyerson's translation. The same substitution has been made in this passage. (Trans.)

position: "every number ending in 0 or 5 is divisible by 5." These propositions do not contain the adjective "true" or the substantive "truth," but they are true, they realize truth. Here we may see the distinction between "signifying truth" and "realizing truth," and, more generally, between "signify" and "realize."

Once this is established, Freud's theory may be stated thus. Operations which are properly called rational are never realized in dreams, but merely signified. Once more, we are for the moment entirely setting on one side the question whether Freud is right or wrong, and only seeking to know what he really means to say. We believe that the distinction of which he has caught a glimpse is most profound. The human mind has from earliest ages been troubled to know whether, for example, from the idea of the perfect Being (signification) we may infer the existence of the perfect Being (realization). The distinction between "signification" and "realization" touches on the highest questions of metaphysics and the theory of knowledge. Freud may possibly be quite wrong in saying that the dream can only "signify" relational operations and never "realize" them. But the problem must be seen in the setting which he has given to it. His critics have scarcely understood his meaning, which, it must be granted, he has stated most clumsily. But the examples which he quotes help us to understand his thought. It is particularly clear when he speaks of the absurdity of the dream. The logician holds that the word "absurd" signifies absurdity, but does not realize it; the idea of absurdity is not an absurd idea. On the other hand the proposition " 1 is equal to 2 " realizes absurdity, it is absurd. Most people consider the dream as comparable to an absurd proposition such as that which we have just quoted; the dream realizes absurdity. Freud thinks that that is a radical error arising from the fact that only the manifest content is seen in the dream. It is wrongly supposed that this manifest content is a *direct* representation of the objects to which it corresponds, while in reality the dream is an *indirect* representation, like a rebus.¹ The rebus is only absurd if it is considered as a direct representation, which it is not intended to be. As soon as one consents to see in the rebus an indirect representation, which it is in reality, it ceases to be absurd. The case of the dream differs from the case of the rebus in that the rebus has an intentional significance, whereas the dream has not been made to be understood. But on reflection we see that it is not perhaps legitimate to demand that a dream should be a *direct* and accurate representation of reality. All psychologists recognize that the dreamer is detached from reality, that he takes no interest in it.

¹ I. D., pp. 268-9.

The logical consequence which should be drawn from this commonly held thesis is that strictly speaking the dream has no object, and though it remains a psychic product, it is yet not a form of knowledge, in the ordinary meaning of the word. The dream is a psychic effect of previous thoughts. It can only therefore have an *indirect* object, that of the thoughts from which it springs. In this it resembles the rebus. But in the case of the rebus, the indirect quality of the representation is voluntary; in the case of the dream, the indirect quality is a necessary consequence of the non-conscious mode of origin of the dream starting from the latent thought. To maintain that the dream is absurd is to confuse it with ordinary thought, which is a form of knowledge; it is to think that the dream means to express reality in the manner of a conscious judgment. The dream is not a judgment of reality, it is a sum-total of effect-signs of previous judgments passed on reality. To speak of the absurdity of dreams is therefore, in Freud's eyes, to commit a colossal error. It is to be totally ignorant of the psychology of unconscious processes. It is logically inadmissible that the dream is absurd. A judgment is absurd when it represents an impossible object. The dream, if it is closely inspected, has no object; it is not a form of knowledge; it only has causes which, for their part, are forms of knowledge. The dream therefore can never realize absurdity, but it may sometimes signify it if a judgment of absurdity is contained among its causes.¹

We are here at the heart of Freudian psychology. At the risk of undue repetition, we must emphasize this. Freud's thought has been so little understood, in general, that it is important to dig deep into the original intuition which forms its centre. The formula "the dream has a meaning" is most often misunderstood, owing to the insistence on the dream as a system of judgments of reality. To take this line is to turn one's back on all possibility of understanding Freud. Freud maintains that a centuries-old preconception, as old as the psychology of consciousness, prevents our understanding the least thing about dreams, neurotic symptoms, or the imagery occurring in delirious states. Accustomed as we are to a form of thought whose purpose is to know things, whose whole value depends on its conformity to external reality, we fail to realize that dream and delirium are not properly speaking thoughts, but a special kind of resultants of previous thoughts. We apply to them the rules of logic, which are designed to ensure the conformity of rational thought to its object, whereas delirium and the dream are governed by a non-cognitive psychic causality. If we wish to understand

¹ I. D., pp. 395-451.

them, we must resolutely turn our attention from the object, the reproduction of which is not the function of dream or delirium. Our "understanding" of them, moreover, will not signify, as in the case of rational thought, that we have an intelligent grasp of the manner in which they are governed by their object, but that we may elicit by external observation, based indeed on introspection, the laws of the internal, non-cognitive dynamism by which they are governed. If we consider the particular case of the dream, this point of view demands that we should no longer search therein for evidence of any rational activity, and that we should at the same time cease to look upon it as absurd. These two things are allied; there can only be absurdity where there is a judgment. Now the dream does not judge, it merely condenses, displaces, dramatizes previous judgments. Let us remember the distinction between the latent content, the dream-work, and the manifest content. The latent content presents no difficulty, for it depends on the ordinary laws of thought. But the dream-work is something quite new. As Freud says: "It [the dream-work] does not think, calculate, or judge at all, but limits itself to the work of transformation. It may be exhaustively described if we do not lose sight of the conditions which its product must satisfy."¹ This product, the manifest content, cannot be judged directly. It is not a system of ordinary thoughts corresponding to objects. It is fundamentally irreducible. Strictly speaking, we cannot "understand" it, as we understand a thought; we can only connect it with its causes, analyse it.

We have devoted a long examination to the classical objection advanced against Freud, viz., that rational operations are produced in dreams; we have restated his reply, and tried to show how it conforms to the rest of his system. We can now return to our exposition of his ideas on the representation of relations in dreams. Pure relations, such as those of similarity or incompatibility, are clearly not capable of plastic representation. But spatial relations are not in the same category; they have the appearance of relations, but they are not *pure* relations. This is clearly shown by the centuries-old difficulty experienced by philosophical thought in the choice between absolute and relative theories of space.

There are two great types of spatial theory [writes Russell] the one represented by Newton, the other by Leibniz. These two are brought face to face in the controversy with Clarke. Both result from emphasizing one or other of the following pair of ideas. If we take two points A and B, they have (i) a distance, which is simply

¹ I. D., p. 468.

a relation between the two, (ii) an actual length, consisting of so much space, and stretching from A to B.¹

The first point of view leads to the relative, the second to the absolutist theory. Aristotle avoided the difficulty by a careful distinction between quantity and place; the moderns, who do not make this distinction, oscillate between the extreme positions of Newtonian absolutism and Leibnizian relativity.² This metaphysical aspect of the problem eludes Freud, but he has emphasized the fact that the dream uses spatial proximity to represent any form of relations.³ He observes and describes this fact, but does not seek for the reason. We may refer to the example of analysis we gave earlier, of the condensation into a single image of a physician and a horse dressed in a nightgown. A relation of spatial proximity, carried as far as the fusion of the images, represents a relation of similarity between the affective states of morbid curiosity inspired by the horses, the father and the physician.

Are there images of time? This is a problem not explicitly stated by Freud. He seems to admit that the dream represents time by "realizing" it. The idea of "succession" is not successive, but signifies succession without realizing it, just as the idea of "falsity" signifies falsity without realizing it, without being false. The dream has not at its disposal the abstract idea of the "relation of succession" it must re-live it in order to express it. But although Freud has studied in detail the use of realized succession made by the dream to signify other relations such as causality, he seems to have taken no interest in the problem of the representation of time. In a work published much later than the *Traumdeutung, Beyond the Pleasure-Principle*, he relies on the fact that the unconscious proper takes no account of temporal order to throw doubt on the belief that time is a necessary category of human thought.⁴ To examine this point minutely would take us too far from the problem of the representation of relations in dreams.

The order of succession of dream-images often represents, in Freud's view, a relation of causality which links their contents. He distinguishes two cases. In the first case, the effect appears in the first dream, called the prologue dream, and the cause in the second, called the principal dream.⁵ This is an inverse representation of causality.

¹ Russell, *Critical Exposition of the Philosophy of Leibniz*, Cambridge, 1900, p. 112.

² For a more detailed examination of this question, see my article "A propos de la déduction relativiste," in *Revue de philosophie*, March-April, 1927, pp. 181-203. (D.)

³ I. D., p. 300.

⁴ B. P. P., p. 32.

⁵ I. D., p. 301.

In the second case, causation is represented by the transformation of one image into another. Here the temporal sequence is kept.¹

The alternative, being a strictly logical relation, could not be plastically represented. The dream is therefore constrained to symbolize the incompatible solutions in succession. Hence derives the appearance of realized absurdity against which Freud repeatedly warns his readers.² When the alternative occurs in the *account* of the dream rendered during the waking state, another error is often committed. It is assumed that only one of the constituents of the alternative had a place in the manifest dream. This is not verifiable, and is indeed of no particular interest, since the manifest dream and the sum total of the thoughts expressed in the course of analysis must be regarded merely as effect-signs of the latent content which is the ultimate goal. In such a case the two constituents of the apparent alternative must be set on the same plane, and associations furnished from each in turn. The night before his father's funeral Freud saw in a dream a printed placard showing the sentence: "You are requested to shut the eyes," or perhaps the sentence may have been "You are requested to shut one eye." A psychologist with no experience of analysis would imagine that a choice had to be made between these sentences. Freud, on the other hand, seeks the causes of the dream in both directions, and finds that they meet. The sentence with the words "shut the eyes" is evidently connected with the death of his father. But what can be the origin of the other sentence, with the words "shut one eye"? Freud had decided that the funeral should be very simple, knowing his father's feelings on the subject. Certain members of the family had disapproved of this, on conventional grounds of current gossip. Hence comes the expression "shut one eye," which means: to use indulgence. The two sentences are linked in the latent content of the dream and both express Freud's preoccupations on the subject of his father's funeral.³ Freud's mode of procedure is disconcerting at first, and one is inclined to raise the objection that his procedure results in the exposure of the content of the unconscious in general, when what is required is to isolate those elements of the unconscious which have played a causal part in relation to the dream. Theoretically, the objection is well founded; but in practice Freud often eludes it by showing, as in the foregoing case, that the two variants of the manifest content between which there lies a choice lead to the same solution, if the analysis is carried far enough.

Opposition, contradiction and negation are *pure* relations, which only reason can grasp. That, be it said in passing, is the weak point

¹ I. D., p. 302.

² I. D., p. 303.

³ I. D., p. 304.

of Bergson's famous criticism of negative ideas. All that Bergson succeeds in proving is that there are not *images* of negation.¹ Freud quite rightly says that the dream seems to ignore the word "No."² He emphasizes the fact that dreams excel in combining contraries and in representing them as a single object. Much ridicule has been poured on Freud for this, and it has been triumphantly inferred from his theory of ambivalence in dreams that psycho-analysis could give no matter what interpretation of no matter what dream. A very little reflection will show us that the desire to see something happen and the desire not to see it happen can only result, in a case of dream "visualization," in a plastic representation of the event in question. If an abstraction is made of the affective tonality of the reactions, visual imagery is incapable of expressing the affirmative or the negative index. It follows that we must either deny the existence of negation like Bergson, which is a contradiction in itself, or recognize that negation may be thought, but not imagined, which has as its immediate corollary the Freudian thesis of the absence of negation in the manifest dream. Freud was quite incapable of demonstrating to his opponents that his thesis was simply a consequence of the transcendence of reason, and furthermore he would have been profoundly distressed at adducing a new argument in confirmation of rationalism. He made the best defence he could by appealing to the dead languages, in which many words possess two opposite meanings.³ The argument has a certain cogency, but it does not touch the heart of the difficulty.

While pure negation cannot be directly represented in the manifest dream content, Freud believes that by contriving an inversion in its materials, the dream somehow manages to represent a logical formula such as "on the contrary." This inversion takes place either in space or time.⁴ Here again we find the notion that relations of a spatial order and (to a certain extent) relations of a temporal order, are not pure relations, only accessible to reason, but may be in some degree imagined.

Relations of similarity, agreement, contiguity, "as if," although not capable of possessing specific images, are more easily represented in the dream than oppositions. Condensation, with which we are already acquainted, is the sovereign means of representing this kind of relation. We shall not return to this subject. Let us however simply point out that Freud distinguishes two types of condensation. When the blending of images has already taken place in the latent

¹ Bergson, *Creative Evolution*, trans. by Arthur Mitchell, Macmillan, 1911, pp. 301-13.

² I. D., p. 304.

³ I. L., p. 150.

⁴ I. D., pp. 311-14.

content, there is *identification*; if it is the result of the dream-work, and only appears in the manifest content, there is a *composite formation*, or *mixed formation*.¹ We have examined the means whereby the relations of the latent content are translated in the manifest content; it remains for us, to finish our study of dramatization in dreams, to discover the latent cause of certain aspects of the manifest dream.

On what does the intensity of certain images in dreams depend? It is not a quality of images evoked by the action of a sensation on the dream. Nor does it signify that the corresponding latent thoughts are the most important: such an hypothesis would amount to a denial of displacement. The intensity of an image depends on two independent factors. On the one hand, the elements whereby the wish-fulfilment is expressed are represented in a particularly intense manner. On the other hand, intensity is the characteristic of images whose formation has required the greatest work of condensation.²

Intensity must not be confused with precision. The opposite of intensity is weakness, that of precision is confusion. Confusion in dreams is one of the commonest arguments of those who deny that oneiric productions have any value. Here again Freud clings tirelessly to his highly individual point of view: confusion is only realized in the manifest content to signify the idea of indistinctness in the latent content. The form of the dream partly represents its causes.³ Freud extends this type of explanation to remarks made during the analysis. He gives an example which has been ridiculed,⁴ and which, like the immense majority of his examples, is not convincing. As negative cases prove absolutely nothing, I see no purpose in reproducing them. It seems to me better to borrow from a French psycho-analyst, Dr. Pichon, a dream which well illustrates the very important point of the representation of a latent idea by the *form* of the manifest content. Moreover, in the case in question the "form of the dream" has, if we may so express it, a less "formal" meaning than that quoted above. It is generally admitted that a scientific hypothesis is plausible when it permits the discovery of new facts which are directly verifiable. From the point of view of pure logic, this is not a strict proof of the truth of the hypothesis, because the true may sometimes be inferred from the false, but usually that kind of confirmation has to serve. In the dream published by Pichon, a peculiarity of "form" of the manifest content enabled the psycho-analyst to infer the existence of certain important facts in the latent content. Stripped of disguise, the patient acknowledged the facts.

¹ I. D., p. 306; Jones, P. P., pp. 192-3.

³ I. D., p. 317.

² I. D., p. 315.

⁴ Blondel, P., pp. 201, 203.

Here is Nina's dream:

I am at a funeral. I am astonished to see *two* nurses dressed in very long white blouses and wearing hats veiled in crepe, walking behind the coffin. When we come to the door of the church, they go to the altar, and kneel there devoutly. I can see that they are greatly moved by the death. After them in the procession come *two* ladies of the family, in black dresses. They have a thick bandage over their eyes, and also a very thick band round the cheek and chin. I wonder how they can find their way with this bandage.¹

Nina, the daughter of a lower middle-class mother and of a dissolute father, a gambler and a drunkard, was brought up in her grandmothers' home. "They hated and despised their son-in-law and daughter-in-law respectively but were united in reproaching Nina for being a girl." At the age of nineteen Nina ran away, "at once took to selling her favours, a life which ended only with her marriage after the war. As this flight dated back twenty-two years," writes Pichon, "one might have thought that the situation between Nina and her family might have had some solution, either in reconciliation, or a complete break, or through death."

The analysis of the dream is of no interest to us here, and would moreover lead to endless discussion. Let us simply relate that the funeral recalled to Nina the funeral of the grandmother of one of her friends, and also made her think of her neurosis, which cut her off from the world. The bandage and the chin-band were traced to one of Nina's friends, who had been made to wear a plaster of Paris bandage. The nurses in long blouses were associated with the mother of Nina's friend, the two women in black with the two grandmothers. There follows a strange story:

This summer, Nina was in the neighbourhood of her maternal grandmother's home. She was only there for a few hours, and found few people whom she knew. But one thing greatly puzzled her: a woman said to her, "I am Gilberte Coison" (an imaginary name substituted by Pichon for the real name). Now Nina had known a girl of that name, but this woman was not she. She never found out the relation between these *two* Gilberte Coisons. The Gilberte Coison whom Nina met again this summer had married a boy who was already in service when Nina was a child. She addressed Nina familiarly as *tu*, though Nina could not remember her at all. The other Gilberte Coison, whom Nina remembered clearly, was wall-eyed. This one had the same-coloured iris in each eye. Besides, she was clearly not the same. Perhaps she was a

¹ Pichon, "Court document d'onirocritique," in *Revue française de Psychanalyse*, vol. iii, No. 3, p. 485.

cousin. But Nina did not remember her own Gilberte Coison as having a cousin of the same Christian name.¹

Pichon interpreted the dream by seeing in the dead woman, the nurses and the women in black, the three generations of Nina's family: Nina herself, her mother and her two grandmothers. The presence of the two grandmothers was quite natural, but their two dream-images were alike, and there was no point of distinction between them. The two nurses, on the other hand, constituted a problem: why this duplication of Nina's mother? The duplication of Gilberte Coison, too, became still more strange when set beside the duplication of the person of the mother. The dream is known to be usually egocentric, to turn on the personal interests of the dreamer.² Various writers have observed, independently of Freud, that characteristics belonging to the dreamer may be represented by dream-persons who appear to be distinct from the dreamer.³ Pichon therefore supposed that these unusual duplications of dream-images and of associated memories concerned the patient herself. He inferred that in regard to her mother, his patient seemed to have a double life, and he asked her to give some explanation of this. Nina seemed somewhat embarrassed, but none the less complied, and told the psycho-analyst the following story:

Her parents are not dead. After she had fled from her parents' home, she had for some months pretended to be in Germany, when she was really in Paris, and she had letters from her family forwarded to her there. Later she continued to see her mother, and was even the prime mover in the rupture which took place between her parents; for some months she looked after her brother in the Savoie. She also knows where her father is now. *But she has made a complete division in her life.* The circle of acquaintances she shares with the family of her birth, and those she shares with her husband and her family by marriage are two worlds apart, with no connecting link. The man who is now her husband and whom she has known since 1911, believes her to be a fatherless and motherless orphan. This false information appears on her marriage certificate. Her husband is likewise absolutely ignorant of the existence of her brother, and of her cousins, male and female, as well as of all her old acquaintances. At the time when she was in the Savoie, looking after her brother, two lovers, one of whom was later to become her husband, were sending her money, but neither was aware of the existence of her brother. Similarly, her mother and her brother know nothing of the other side of her life. For years she has been weaving this

¹ Pichon, *ibid.*, pp. 486-7.

² I. L., p. 119; I. D., p. 309.

³ Havelock Ellis, *The World of Dreams*, Constable, 1911, p. 184.

formidable tissue of lies. "My life," she concluded, "has indeed been double, as you said."¹

Pichon tells us that the above interpretation was given at the first regular psycho-analytic interview, the preceding interview having been taken up by the physical investigation. It provides a typical illustration of Freud's theory. An illogical duplication in the imagery of the dream is interpreted by the analyst as having been realized in order to signify the abstract idea of duplicity. It is an effect-sign, a "visualization" of the latent thought. Astounded at seeing her private life thus unveiled, the patient made a complete admission. One might say, if one wished to be absolutely precise, that the duplication in question belongs only to the imagery of the dream and not to its "form." This would be carrying the requirements of classification very far. It seems quite legitimate to class the dream of Pichon's patient among the cases in which the "form" of the manifest dream reveals the latent thought.

(iv) *Symbolization*

"Dramatization" and "symbolization" are often confused. Frink, for example, takes no trouble to distinguish the two mechanisms.² This attitude is very unfortunate, for it robs the controversy between the strictly orthodox Freudians and the supporters of Jung, Silberer, Maeder, Nicoll, etc., of all meaning. The origin of the divergence between the two schools lies in the concept of the symbol. Care must be taken, therefore, to state clearly the meaning of the word "symbol" in psycho-analysis.

Two fundamental qualities distinguish symbolization from dramatization. In the first place whereas dramatization leads from the abstract to the concrete, from the concept to the image, symbolization leads from the concrete to the concrete, from the image to the image. Silberer's hypnagogic hallucination of a sphere containing all men's heads, while thinking of trans-subjective judgments, is a case of dramatization. The following is a case of symbolization: a young man, a patient of Montet, dreamt during the nights following an operation for phimosis that he had "*weapons* that were too small, weak or broken, which he anxiously compared with those of his friends, and which seemed to him to have been fortified with dressings and surgical sutures," that "*his rapier* was too short and broken, and had surgical sutures and rags stained with blood."³ In the second place, the relation between the sign and the thing signified is strictly

¹ Pichon, *ibid.*, pp. 489-90.

² Frink, M. F., pp. 72-5.

³ de Montet, "L'Etat actuel de la Psychanalyse," in *Archives Internationales de Neurologie*, September 1912, p. 160.

individual in dramatization, whereas in symbolization such a relation is the same in one man and another.¹ These two differences are enough to set a barrier between dramatization and symbolization. The mechanism of the formation of symbols is more like displacement than dramatization; it might be called a collective displacement.

In the preceding pages we have often stressed the essential point that the idea of the sign is grounded in the idea of causality. But the relation of causality may be traversed in two directions; one may proceed from the cause to the effect (synthesis), or from the effect to the cause (analysis). The relation of signification may therefore similarly proceed either from the cause to the effect (e.g., black clouds are a sign of rain), or from the effect to the cause (e.g., the tracks of an animal are a sign of its passage). In this there always lies a risk of confusion. Freudian psycho-analysis justifies the etymology of its name by using the relation of signification in one direction only: that which leads from the effect to the cause, which is strictly reductive, or analytic. That is why we have consistently used the expression "effect-sign," which avoids all possible ambiguity.

So far, in fact, there has been no serious risk of confusion, but this is no longer the case when we consider the problem of symbolism. In oneiric or hypnagogic "dramatization" there is "regression"; the hallucinatory image which appears is, without any shadow of doubt, an effect of the concept which preceded it. But in waking life the mind moves in a "progressive" direction from the image to the concept, and the vexed problem of the genesis of ideas arises: is the image the *entire* cause of the concept, as the empiricists hold, or does the concept possess an individual, irreducible quality, as is maintained by the rationalists? There are ultimately three general positions which may be adopted towards this question, each involving a different conception of the sign, granted the principle that the relation of signification proceeds from the conditioned to the condition, and that the sign always *depends* on the reality which it signifies. Pure rationalism is innatist, wholly subordinating the sensation and the image to the concept, whence it follows that the image is an effect-sign of the concept. Radical empiricism holds the concept to be an impoverished derivative of the sensation and the image, and is forced then to conclude that the concept is the effect-sign of the image or of the sensation. Empirical rationalism, of which Aristotelianism is no doubt the most highly developed example, attributes a double origin to the concept, with the sensation or the image as material causes, and the intellect operating as the efficient cause. This point of view involves a reciprocal causality and an inter-

¹ I. L., p. 126.

dependence, from different aspects, of reason and the senses. Consequently the sign-relation which, as we have stated, points always from the conditioned to the condition, may be considered in two different forms, from the fact of the mutual conditioning of sensory and intellectual elements. Intellection implies sensation materially, but formally it passes judgment upon it.

Psycho-analysis has not found its Aristotle. Two opposing streams of thought very soon collided. Freud and his disciples, being first and foremost physicians, seized hold of the conditioning of the intellectual by the sensory. As radical empiricists, they viewed the idea as being no more than a more or less deficient substitute for the image and the sensation. The higher psychic structure has been reduced to the level of an effect-sign of the instinct and of the unconscious.

When Silberer, Jung, Maeder and their supporters entered the field, the ideas approved by Freud's disciples might have been summed up as follows. "Progression" from the image to the idea is a normal mechanism of everyday life, implying an *entire* causality of the image in respect of the idea, and an *absolute* dependence of the intellectual upon the sensory. In the dream this process is reversed. "Dramatization" takes place, or "regression" of the concept to the image; but this dependence of the image upon the concept is wholly accidental. "Displacement" takes place from image to image; when this process occurs in an identical manner in the majority of persons, such a typical, collective displacement is known as "symbolization."

Silberer's starting-point was his remarkable series of observations of dramatization, using himself as subject. In such a case, the image is irrefutably a sign of the concept. Silberer called this relation between image and concept "symbolic," thus *changing the Freudian meaning of the word*. He went even further, and sought to apply to daily life his idea of the image conditioned by the concept—of the image as a sign of the concept. A difficulty arose: the image precedes the concept, and so it seems that it must condition it. In order to avoid this difficulty, Silberer replaced the causal point of view by the teleological point of view, the explanation in terms of the past by the explanation in terms of the future. He converted the image into the symbol of the *future* concept. This meant that he had to abandon all conditioning of the conscious by the unconscious, and sacrifice all Freud's original results. Jung and his followers took the same road, and this marked the final rupture between the innovators and the disciples who remained faithful to Freud.

This synopsis of the history of psycho-analysis shows how far

the idea of the "symbol" has been obscured by controversies of a philosophical nature. There were really three problems underlying this word. The problem of the genesis of ideas, or of the origin of concepts, lay at the root of the dispute. Psycho-analysts were divided into empiricists and rationalists, the former sacrificing philosophy, and the latter abandoning science. No thinker was skilful enough to weld the different aspects of the question into a whole. In Volume II we shall return to this fundamental controversy. The problem of "regression" or "dramatization" having been dealt with earlier, we must now continue our study of "symbolization" in the strict Freudian sense.

Since the rupture between Vienna and Zurich, the Freudians have accentuated the difference between the two schools. They maintain that there is a production of image by image, not only in dream-symbolization, but also in daily life, resolutely stressing the dependence of the concept on the image. This is one of the deeper reasons for their insistence on regarding art, philosophy, and religion as effect-signs of the most rudimentary instincts. The most radical among them seem to view them as no more than "disguises" for sexuality. This attitude is explained by the historical causes which we have just mentioned. While the "prospective" or "anagogic" or "synthetic" interpretation, in the manner of Silberer or Jung, was more favourable to metaphysical and moral values, it was ultimately pure rationalism, denying all conditioning of the higher by the lower psychism, and invalidating all the results of Freud's work. Freud, sure of his discoveries, and seeing that they were being presented as incompatible with metaphysics and morality, dismissed the latter with a sweep of the hand. We ought, indeed, to add that he had never troubled much about them.

Therefore the image in the "symbol," in the strict Freudian sense, does not signify an abstract idea, but another image which remains hidden. This disguise is an effect of the censor. The reason why Montet's patient in his dream substitutes the image of a rapier for that of his penis is that the direct representation of the genital organ is considered shocking and is rejected, even during sleep, by that which takes the place of the waking life's sense of modesty. In theory Freud admits that symbolism may exist independently of the censor, and that it is a form of primitive thought, a particular instance of the association of images in the lower psychism.¹ In practice he almost always regards symbolization as dependent on the censor.² Jones, who has published a long study of symbolism and has battled ener-

¹ I. D., p. 334; I. L., pp. 139-40.

² de Saussure, M. P., p. 29.

getically against the ideas of Silberer, Jung, Maeder, and so on, lays great stress on this point.

An energy flows from them [the primary interests] [he writes] and never to them, and as they constitute the most repressed part of the mind, it is comprehensible that symbolism should take place in one direction only. Only what is repressed is symbolized; only what is repressed needs to be symbolized. This conclusion is the touchstone of the psycho-analytical theory of symbolism.¹

This quotation clearly shows the radical empiricism of the strictly orthodox Freudians.

For a better understanding of the nature of the "reductive", "analytic" point of view, and of how it conflicts with the "prospective", "synthetic" interpretation, I shall quote a long passage from Dr. Flournoy (junior). It exceeds the usual length of permissible quotation, but it seemed to me impossible to cut it down, and it is so characteristic of a certain kind of approach and method that it deserves to be well known.

Flournoy had just been studying various images representing a Hindu divinity and the objects of its cult in an article entitled "Shiva, The Androgynous." Of these he gave a consistently sexualist interpretation. His work completed, he felt the need of justifying his conclusions, and did so in the following terms:

What interest can we find in the discovery of the sexual or bisexual significance of the various attributes and symbols of Shiva? Why, when we are confronted with a fantastic image (that of a stream flowing from locks of hair, for example), are we not content to regard it as a simple product of the imagination, without looking further? Is there any sense in establishing unexpected connections, which affront modesty by their too grossly physiological reference? And once we have reached such results, is it not true to say that our analysis itself has but *distorted* the object analysed, instead of making it more intelligible?

No doubt we may readily admit that the imagination alone can invent anything, even the most improbable myths, works of art, or pictures. But this faculty of imagination is none the less an integral part of man, so that the elements upon which it works must, in some way or other, be borrowed from the field of human experience. Our attempt at analytic dissection aims at discovering these very basic elements, and reducing them to their most simple possible forms, in spite of the many and various changes which the collective and individual imagination have forced upon them. Let me, for the sake of clarity, give a few more extremely simple concrete examples; their

¹ Jones, P. P., p. 158.

crudity will no doubt be found shocking, but the point at issue will be the better understood.

The river which waters and irrigates India springs from the hair of Shiva. That is clearly a fabulous notion, a myth. On the other hand, there is a well-known fountain in Brussels, the "Manneken-Pis," in which the stream of water flows from the natural passage of a little boy, who appears to be urinating. These two cases contain a single fundamental notion from which the artist drew his inspiration: the flow of liquid from a human body. But in which of the two is this notion expressed with least distortion? When have Hindu painters or poets seen a jet of water coming from a head of hair? Never, surely. The nearest realization of their myth which they may, consciously or unconsciously, have experienced (and which they later distorted in their own fashion, in creating their work of art), could not be so very different from that which inspired the designer of the fountain at Brussels.

And if we consider Shiva's character as the god of the powers of generation, as the powerful giver of life, universally worshipped in the form of the *lingam* and sending forth the fertilizing waters of the Ganges from "a lock of his hair," we may well ask ourselves whether the creative imagination, by making the sacred stream flow from Shiva's hair, has not quite simply disguised some more intelligible underlying thought. In an archæological museum there is an obscene mosaic, representing a man copiously ejaculating; here the sculptor has expressed the idea of the power of generation in a crude and uncompromising manner. The Hindu legend, on the other hand, makes water spring from the head of the *lingam*-god. Which of these two forms of expression should be considered as primitive and fundamental? And which has suffered distortion? Can it be the one which excites disgust (so that one might even feel inclined to reject it, to *repress* it), or is it not rather the other?

Let us take one last example. In one of the figures of Shiva, mythological fantasy has shown a little creature issuing from the head of the androgynous god. We have seen that this is a case of "extragenital" birth, like that attributed by tradition to Eve, when she sprang from Adam's rib. Would it be erroneous to suspect in these legends the presence of a "repressed" sexual element, to use Freud's excellent term once more? Has human experience ever allowed man to think that a new being could spring from the head or from the flank? And when imagination reaches such monstrous conceptions, is it not more accurate to see them as terminal points (the conclusion of some form of secondary elaboration), than as starting-points?

These few examples will suffice to show why it seems to us legitimate as honest scientists, to connect symbolic expressions with their most natural and simple significance, and to seek out their starting-point, however trivial it may be, at the risk of offending our own

susceptibilities. This principle remains the same whether it be applied to art, to mythology or to any other product of the imagination, morbid state, or genius, whose apparent complexity we wish to unravel by analysis. An investigation of this kind, it is hardly necessary to say, offers no further advantage and no further danger than those which attach to any form of scientific research.¹

I have never met a passage which gave a clearer idea of the spirit of Freudian psycho-analysis. Flournoy merely takes up once more the empiricist axiom "*Nihil est in intellectu nisi quod prius fuerit in sensu.*" His examples are particularly revealing. Take for instance the image representing a woman's head coming out of Shiva's skull—or if you will, the birth of Minerva from Jupiter's head. What does this myth *signify*? The word signify may mean two things. An image signifies either that towards which it tends, its "effect" in the wide sense, the future concept which derives from it; or else that which gives rise to its own origin, its cause, the sensation from which it arises. From the "synthetic," "teleological," "prospective" point of view, the birth of Minerva signifies the divine origin of wisdom. From the "analytic," "causal," "reductive" point of view, it is a displacement from below upwards of vulvar birth. Psycho-analysis resolutely maintains that the conditioned is the sign of the condition, and challenges its opponents to say whether they can for a single instant imagine that the idea of "extragenital" birth could be *primitive*, and not *conditioned* by the idea of genital birth. We saw earlier that Freud holds that the dream is not the sign of its attributed object, but of its *causes*. Dr. Flournoy applies the same principle to the interpretation of myths.

The "meaning" of the dream is sought only in the field of its causes, simply because it is impossible to find it in the field of its object: the idea of an object of the dream must be discarded. If the same method of interpretation is to be applied to the myth, it must be maintained that the myth too has no object, that the concepts which it claims to represent not only do not correspond to anything in existence, but even to anything that can be conceived. A consistent empiricist should maintain that the idea of "the divine origin of wisdom" possesses no imaginable content and is to be wholly identified with the idea of "displacement from below upwards of vulvar birth." However bigoted an empiricist one may be, that is a challenge which is difficult to uphold to the last. After having given sexual interpretations of Shiva and of the objects of his cult, Dr. Flournoy is compelled to unload ballast. He admits that Shiva

¹ Flournoy, "Civa Androgyne," in *Archives de Psychologie*, vol. xviii, pp. 250-2.

represents the "life-principle" in the abstract sense, and his article ends with this sentence: "Shiva, the god of destruction and of the powers of generation, is at the same time the pattern of ascetics; he teaches them to meditate and to conquer their passions."¹ The psycho-analytic theory of symbolism must necessarily encounter the problem of the transcendence of reason and of the origin of concepts. Later we shall have to judge it from that point of view.

Hitherto the idea of symbolism has not had much that was new to offer us, as compared with the other dream-mechanisms, and we have had to embark on a long parenthesis in order to distinguish the Viennese from the Zurich form of symbolism.

Symbolism in the Freudian sense is not merely a concrete representation of another concrete but hidden element; it is first and foremost a constant, typical, collective representation. This might be taken to mean two things. We might think that if the associative method of interpretation of dreams were used on a large scale, it would lead to the observation of the great frequency, or even constancy, of certain relations. A certain image would thus be the more or less regular sign of a certain other image, but this assertion would be the purely inductive result of the use of the associative method. Certain psycho-analysts seem to present symbolism thus.

It must be recognized that Freud's thought is much more daring. His theory is not that a typical symbolism is the inductive result of the associative method, but that a distinct symbolic *method* exists side by side with the associative method. This theory goes very far indeed, and it must be stated in detail. Freud explains that there are cases in which the associative technique fails; nothing comes to the mind of the dreamer, or else the thoughts which arise do not explain the dream.² One might think that all attempts to interpret it must then be renounced. Freud is not of this opinion. He asserts that this failure always occurs in connection with certain images of the manifest content, which are always the same. Moreover these images are among those to which popular language, folk-lore and legends attach a specific, invariable significance. Freud thinks that in such cases the dreamer, without being aware of it, is using a symbolism prepared by the waking thought.

This will indeed involve a new method of interpretation, quite distinct from the associative method, and singularly like the traditional "key to dreams." We have to study not only the mechanism of symbolization, but also the method of symbolic interpretation.

¹ Flournoy, "Cité Androgyne," in *Archives de Psychologie*, vol. xviii, p. 254.

² I. L., p. 126.

The use of the symbolic method raises two questions. How can the symbolic meaning of any given image be generally known? And how can it be known in particular cases whether an image which is often symbolically interpreted should genuinely be so interpreted in the case in question?

Many physicians, before Freud's time or independently of his researches, have asked the first question in connection with diagnostic dreams. It is a classic result of observation that certain bodily stimuli release by association certain images, which are more or less regular effect-signs of them, i.e., symbols. This is generally admitted, even by Freud's most determined opponents. The works of Meunier and Masselon, of Vaschide and Pieron, are well known. The relation of the symbol to the stimulus has been statistically determined.

In many cases [writes Delage] the dream which has been determined by cœnesthetic impression bears no resemblance to the latter, or so distant a resemblance that the relation of causality can only be ascertained by the regularity of the relation of succession.¹

It is important to note that not only the relation of the image-symbol to the stimulus symbolized, but the stimulus itself, is unknown to the waking consciousness of the dreamer. There is not only unconsciousness of relations, but unconsciousness of causes. This is admitted by all Freud's opponents in the medical world, where cœnesthetic causes are involved. Dreams of animals such as rats, snakes or spiders, are almost pathognomonic of chronic alcoholism.² Such cases do indeed involve symbolism, in the exact meaning which Freud attaches to the word.

The vision of red [write Meunier and Masselon] whether motionless or in movement, whether emotionally indifferent or terrifying, is met with in the premenstrual phases, in cardiac affections, in premeningitic states, in inflammatory conditions of the eye, and in the aura of epileptic seizures.³

These facts exactly fit the frame of typical collective symbolism. The vision of red in the premenstrual phases is particularly interesting: it clearly proves that dreams excited by unconscious cœnesthetic sensations during the waking state—dreams which involve as a consequence unconsciousness of causes and unconsciousness of relations—may none the less make use of associations prepared during the waking state.

¹ Delage, R., p. 167.

² Rogues de Fursac, M. P., p. 232.

³ Meunier and Masselon, *Les rêves et leur interprétation*, p. 210.

It has been observed [writes Delage] that women, during menstrual or other hæmorrhages, dreamt of red objects—fires, or plain colours. Yet it could not be said that the red colour of the flowing blood is perceived. The cutaneous sensation of the flow has nothing "red" about it, and the cœnesthetic consciousness does not know the red colour of the flow: it follows necessarily that a psychic link must be interposed between the dream and this sensation, namely an idea of the red colour of the flow based on the anterior knowledge of this colour. So too the sensation of a full bladder can only evoke the idea of a sheet of water by the interpolation of the psychic idea that the sensation of a full bladder is produced by a liquid. Fundamental considerations will make us aware that the same is true in the case of all cœnesthetic dreams.¹

These observations of Delage on typical symbolic dreams of cœnesthetic origin are very close to Freud's ideas.

What contribution has Freud made to the question of symbolization in general? We are of the opinion that his fresh conceptions bear upon three points: the causes of the dream, sexual symbolism, and the method of determining the meaning of symbols.

Outside the psycho-analytic school, the presence of typical symbols in the dream has only been pointed out when the cause of the dream is an internal sensation. We have seen that Freud attributes the principal part in the elaboration of the dream to a psychical desire. But the supporters of the James-Lange theory maintain that all affective states derive from "affective sensations." Experts of the peripheral conception of emotion must therefore relate the "psychic desire" to an internal sensation. If this physiological conception of emotion and of the affective states is rejected, and a distinction made between the "psychic desire" and "affective sensations," it must none the less be recognized that, above all in the sexual field, "psychic desire" easily excites "affective sensations," which are known in the case quoted as "genital sensations." While Freud upholds the existence of typical collective sexual symbols, he no more than applies to genital sensations what his adversaries have no hesitation in admitting as far as general internal sensations are concerned.

This leads us to give some indications of the sexual symbols listed by Freud. They all rest on some analogy between the genital organs and various material objects. The penis, which has a cylindrical shape, may be symbolized by walking-sticks, chimney-stacks or towers. Its power of ejaculation may be represented by guns, revolvers, and so on. The female genital organ, being essentially hollow and receptive, is apt to call up by association images of

¹ Delage, R., pp. 375-6.

boxes, vases, and so on.¹ It is to be noted that the relation of similarity between the image-symbol and the object symbolized is much closer in the Freudian list of sexual symbols than in the generally admitted number of cœnesthetic symbols. Freud believes that a genital sensation can with relative frequency evoke the image of cylindrical objects; his opponents maintain that a cardiac sensation stands in the same relation to images of a red colour. From the point of view of the symbolizing *process*, are not the two cases parallel? From the point of view of the *degree of resemblance* between the associated images, is not the similarity-stimulus more pronounced in the case of Freudian symbols? In dreams and in the animal hallucinations of chronic alcoholism, is not the symbolic relation between the images of animals and the patient's cœnesthetic sensations more remote than that between cylindrical images and sensations of the penis?

It is perhaps to the method of determining the meaning of symbols that Freud has made his most highly original contribution. The classic instances of cœnesthetic symbols are based on statistical accounts ascertained solely from dreams. Freud believed that the unconscious processes of the waking psychism and of the oneiric psychism were fundamentally identical. His list of sexual symbols has been drawn up on an ethnographical and linguistic basis. He asserts that, however varied individual associations may be, there are typical associations common to all men. Language, that system of conventional signs, could never have come into being had there been no natural signs. Moreover, since the notion of sign derives ultimately from that of effect, the theory maintaining the existence of general symbols is reducible to an assertion of relatively constant causality in the psychic field. It is fundamentally no more than an application of the law of causality to the life of the psyche; the same effects derive from the same causes, the same symbols represent the same things. Nor is it difficult to show that among all peoples typical associations, true universal symbols, are to be found. The same stock of metaphors is to be found everywhere: men speak of a "feeling as deep as the sea," or "bitter as gall."² These examples are borrowed from Delage who none the less attacks Freud's ideas on symbolism; they exhibit relatively constant associations between the material and the immaterial. We have already said that Freud's chief interest was in relatively constant associations between images of the same degree of materiality. Let us take one of the sexual symbolisms upon which he laid most stress, the representation of the penis by a stick or any other cylindrical object, and let us try to

¹ I. L., p. 131; I. D., p. 336.

² Delage, R., p. 413.

understand his theory exactly. Does Freud hold that every time a stick appears in a dream it represents a penis? Certainly not; such an assertion would be tantamount to condemning as useless the individual associative method which is Freud's principal discovery. What then does he hold? Merely this: that there exists between the penis and the stick an *objective* similarity of form, and that as similarity can act by association without being formally and distinctly known, the two images in question have *privileged* opportunities of being linked together, *even in persons who have never thought of connecting them explicitly*. Association by similarity is but the empirical preface to rational classification. No one can deny that the penis and the stick are both contained in the logical category of cylindrical objects. Language, truly a crystallization of thought, is modelled on the objective representations of things. It is not by chance that the French word *verge* means penis as well as stick. If men have the same fundamental rational concepts, if they classify objects in the same manner, they must have a common stock of associations by resemblance, a fact which is verified by the study of linguistic derivations. The Freudian symbolization of the female genital organ by boxes and vases has been much ridiculed. It exists, however, in all languages: to give but a single example, in Latin we refer to "*seminatio in vase muliebri*." A large number of other such phrases can soon be found in any *unexpurgated* etymological dictionary.

Freud's personal contribution to the idea of collective symbolism is thus apparent. While the physicians who had studied dream-symbols of cœnesthesic origin had drawn up their vocabularies of interpretation *solely* on the basis of dreams, Freud builds his on a much wider foundation. The method of procedure is ultimately the same, but the general conclusions of the Viennese psychologist are much more daring. In both cases, frequent coincidences are interpreted as revealing causality, but while Freud's predecessors imprudently limited their inquiry to the dream-psychism, Freud himself, with a stronger belief than his forerunners in the profound unity of the laws governing the unconscious, holds that there is no more than one collective symbolism, and that sleeping or waking, man is always fundamentally the same, always impelled by the unconscious.

We have seen how Freud thinks he is able to determine what is the general symbolic meaning of any given image. It remains for us to ascertain how, in any given particular case, we may discover whether an image which is often accepted as symbolic, may genuinely be so accepted in the case in question.

The answer to this particular problem is only the concrete form of the solution given to the general problem. Once more we are asked to decide whether the convergence of a series of indications should be considered as a coincidence, or whether it should not rather be taken as the expression of a causal connection. In the individual associative method, the *thematism* of the associations revealed their common origin in the underlying complex. In the application of the symbolic method to a particular case, it is no longer a case of *thematism* of associations, but of *thematism* of facts and circumstances, of what might almost be described as "*extra-associative thematism*." This formula has the advantage of showing that the associative method and the symbolic method are but two variants of the same fundamental scientific method. According to the logician, as soon as one leaves the field of pure mathematics to enter that of the factual sciences, one is at once confronted with the same essential difficulty: How may one be sure that induction is legitimate *in the concrete sense*, and how may one distinguish chance from causality, the accidental from the essential? There could be no question here of a purely logical criterion, for a factor of concrete estimation must necessarily intervene. A factual truth can never be grasped by a process of pure reason. The astronomer, who attributes the daily movement of the heavens to the rotation of the earth rather than to a fortuitously bestowed movement of all the stars round this obscure planet; the geologist, who sees in fossils the remains of vanished animals and not "freaks of nature," both interpret convergence as the expression of causality. Their interpretations are not mathematically necessary; they are only accepted after wearisome controversies. Psycho-analysis makes a similar attempt to introduce unity into the hitherto baffling chaos of our psychism in dreams.

We shall now give some examples of interpretations based on the symbolic method, either used alone, or in combination with the associative method. The reader must make his own decisions as to their validity.

Let us first recall the case of Montet's patient, quoted earlier. This young man had just undergone an operation for phimosis; during the nights which followed the operation he dreamed that his *rapier* had been broken off short, and treated with surgical sutures and blood-stained rags. The rapier is a typical Freudian symbol of the penis. What reasons are there to believe, in the present case, that the rapier seen by the patient in his dream does indeed play the part of a phallic symbol? Clearly the interpretation depends on the evidence that the rapier in question possesses some rather unexpected characteristics; there is nothing very mysterious in the fact that it

is too short and broken, but it seems absurd that it should have surgical sutures. This absurdity disappears if it is admitted that the rapier is nothing but a symbol of the patient's penis. This hypothesis explains not only the surgical sutures, which would otherwise be absurd indeed, but also the presence of the blood-stained rags, as well as the double fact, which we set aside as uninteresting, that the weapon is too short and broken. If the symbolic hypothesis is accepted, the whole situation acquires order and meaning. If the symbolic hypothesis is rejected, we are confronted with chaos. The reader must make his choice.

The foregoing interpretation has been made simply by the symbolic method, without any reference to the associations of the subject. In certain cases the symbolic method and the associative method may be combined, and it may be found that the sum total of the associations of a dream confirm a particular meaning which the general symbolic method tends to attribute to it. This form of procedure does not tally with the letter of Freud's assertions, for he only calls upon the symbolic method in cases where the associative method has failed,¹ but it is of special interest from the point of view of the possibility of checking psycho-analytic theories. An independent confirmation is always extremely valuable in scientific questions. Here is an example of the agreement of the symbolic and associative methods, borrowed from Jung.

A little girl of eleven related the following dream, which she had dreamt at the age of five, and which had left a deep impression on her mind, at the third session of her analysis. "I am out walking with my brother in a wood to pick strawberries. A wolf comes and chases me. I try to escape, but I fall. It bites my leg. I woke up dreadfully frightened." What probable interpretations of this dream will the general symbolic method suggest? "The beginning of the dream makes us think of the story of Little Red Ridinghood, with which the child is of course familiar: the wolf had eaten the grandmother, put on her clothes, and then fallen upon Little Red Ridinghood and done the same to her. The hunter killed the wolf, opened its belly, and brought the child out safe and sound." This extraction of the child alive from the wolf's belly permits us to suggest that preoccupations concerning the mystery of birth form the latent content of the girl's dream. Let us compare this hypothesis with the associations. The girl was encouraged to speak freely what was in her mind, and no attempt was made to influence her in any way. "She first dwelt on the bite in the leg, and said that one day a woman who had just had a baby had told her that she

¹ I. L., pp. 125-6.

could still show her the mark on her leg where the stork had bitten her. (The stork's bite is well known in Switzerland as a symbol of procreation and birth.) Here we already see a parallel between the child's associations and our interpretation of the dream: her very first association leads to the problem we had suggested on purely theoretical grounds. There is no question of the use of suggestion in this case, but the instance will be found no more convincing than any of those that have so far been published. Some critics will always be ready to accuse us of suggesting our personal interpretations to our patients. After the first association, the girl was asked what came to her mind about the wolf. 'I'm thinking of my father when he's angry,' she replied. This second association, too, is in complete conformity with our hypothesis." Later in the same session the little girl admitted that she was afraid of her father because she had incited several little girls of her own age to mutual masturbation. But this was a recent misdeed, and could not explain the fear of her father experienced in a dream which dated back to her fifth year. The analyst asked what had happened when the girl was five years old, and learnt that a brother had been born at that time. The reader will be able to decide whether the little girl's associations should be considered simply as coincidences, or whether they confirm the symbolic interpretation of her dream.

Here is a second example of agreement between the symbolic and associative methods, borrowed this time from Frink.

A young woman dreamt that a man was trying to mount a very frisky small brown horse. He made three unsuccessful attempts; at the fourth he managed to take his seat in the saddle and went off.¹ In Freud's general symbolism, horse-riding often represents coitus.² But Frink's interpretation is based on the subject's associations. The horse reminded the dreamer, whose mother tongue was English, that in her childhood she had been given the French word "cheval" as a nick-name, and that her father had told her what it meant. Frink observes too that his client was a small and very lively brunette, like the horse in the dream. The man who was trying to mount the horse was one of the dreamer's most intimate friends. She admitted that in flirting with him she had gone to such lengths that three times he had wished to take advantage of her, and that each time her moral sentiments had gained the upper hand at the last moment, and she had been saved. Inhibitions are not so strong in dreams, and a fourth attempt took place which ended in a wish-fulfilment.

Interpreted by association, this dream has exactly the same meaning as the general symbolic method could have forecast as likely.³

¹ Frink, M. F., p. 73.

² I. L., p. 138.

³ Frink, M. F., p. 73.

It is a typical example of the two methods of interpretation worked out by Freud. If one considers simply the degree of certainty which may be attained by the associative method, taken separately, it forms an extreme case. The fundamental postulate of this method is that between the manifest content of the dream and the preceding psychic states made known by the associations, there is such a correspondence that the hypothesis of a chance coincidence is inadmissible, and that reason is bound to accept the assertion of the existence of a causal link. In other cases there is less correspondence, and the assertion of the existence of a causal link is only more or less probable. The dream we have just analysed allows us to judge the validity of this postulate. In all the literature of psycho-analysis which I have examined, I do not know of a more highly illustrative case. Of course, as in Volume I of this work I am only stating Freud's theories, I attach a purely *relative* meaning to the judgment I have just passed. All I mean to say is that Frink's interpretation constitutes the maximum that psycho-analysis has to offer. For the moment I leave to my readers the task of deciding whether this maximum must be described as "certainty," "probability," or "logically nil." What must here and now be exactly stated are the two contradictory positions which may be adopted in the consideration of cases of this kind. Psycho-analysis sees a causal link between the manifest content of the dream and the preceding psychic states disclosed by the associations. If the psycho-analytic theory is rejected, it becomes necessary to assert that there is no causality whatever between the two series of the waking and the dream life, but only fortuitous coincidence. Between the nick-name of "cheval" given to the dreamer in her childhood and the three unsuccessful attempts made by her friend to seduce her on the one hand, and the three unsuccessful attempts made by this man to mount a horse in the dream on the other hand, there is no dependent link whatever: this is precisely what those who refuse to accept the psycho-analytic interpretation are obliged to maintain.

(v) *Secondary Elaboration*

Secondary elaboration, the last of the "mechanisms" of the dream, offers very little of interest. Freud gives the name of secondary elaboration to the process whereby the dreamer's mind, in proportion as it draws near to the waking thought, introduces a more or less artificial order into its oneiric productions. In order to make the exact nature of secondary elaboration understood, Freud quotes the following passage from Havelock Ellis: "As a matter of fact, we might even imagine the sleeping consciousness as saying to

itself: 'Here comes our master, Waking Consciousness, who attaches such mighty importance to reason and logic and so forth. Quick! gather things up, put them in order—any order will do—before he enters to take possession.'"¹

Freud thinks that dreams which at first sight seem to be logically irreproachable, are more often than not deceptive. They seem to have an object, but Freud, faithful to his fundamental principle of interpretation, seeks their "meaning" among their causes. A dream which appears to be perfectly coherent is generally much further removed from its "real meaning," from its "causal meaning," than an absurd dream. In absurd dreams, there is no temptation to claim to understand them; one must either psycho-analyse them or admit one's helplessness. In coherent dreams, one believes one has understood them, and there is a temptation to dispense with the search for causes.²

Secondary elaboration is often apparent through the incorporation in the dream of day-dreams formed more or less consciously during the waking state. Freud lays great emphasis on this process, which provides him with a highly original explanation of the extreme rapidity of the psychic process in the dream. Thus the improbability of the almost instantaneous composition of a very long story disappears: the fiction one imagines oneself to be living in dreams has already been composed.³

Since secondary elaboration is a mechanism which operates in the same manner as that of the waking thought, it could hardly have been passed over unnoticed by the psychologists who studied the dream before Freud. Certain writers have even gone so far as to ascribe the whole dream to it. In this connection Freud mentions the theories of Goblott and Foucauld, but does not discuss them.⁴

The very interesting "functional phenomenon" observed by Silberer may be connected with secondary elaboration. This independent psycho-analyst noted that hypnagogic dramatization could represent not only the content of the thought, but the manner of the mind's operation. Thus Silberer speaks of "functional symbolism." We have already seen that the word "symbolism" has given rise to endless controversy. To avoid all misunderstanding, it is better to speak of "functional phenomenon." Here is one of Silberer's examples: "Circumstances: Morning, while awaking. While to a certain extent asleep (crepuscular state), thinking over a previous dream, in a way repeating and finishing it, I feel myself drawing nearer to the waking state, yet I wish to remain in the

¹ I. D., pp. 463-4. ² I. D., pp. 453-4. ³ I. D., pp. 455-6. ⁴ I. D., p. 464.

crepuscular state. Scene: I am stepping with one foot over a stream, but I at once pull it back again and resolve to remain on this side."¹ Silberer calls this dramatization of the process of awaking "liminal symbolism," or "threshold symbolism."

(vi) *The Main Idea governing the Psycho-analysis of Dreams*

Having examined the Freudian conception of the dream in detail, we shall now study the main idea governing it. The basic intuition of the creator of psycho-analysis has been so widely misunderstood in France that, although it has more than once been indicated in the preceding chapter, we think it necessary to examine it further, at the risk of repeating certain explanations already given.

Philosophers have always found a certain difficulty in determining the barriers separating the subjective from the objective. A knowledge of science is a prerequisite to the comprehension of the scientist's psychology. An understanding of the functional processes of the mathematician's psychism can only be reached by way of intellection of the mathematical truth which he has discovered. The study of thought presupposes the study of its object.

This principle can be applied without difficulty to normal thought, in its most elaborate as well as in its most elementary forms. But a major difficulty arises when we turn our attention to morbid psychology. We cannot study pathological thought in terms of the truth of its object, for by definition, morbid thought is thought which does not arrive at truth. The "logicality" perpetually underlying normal psychology is no help to us here.

All those who have had any experience of psychopathology have felt this difficulty very keenly. They have all sought to establish a psychopathology absolutely independent of "logicality." It cannot be said that they have succeeded, for the reason that the problem which they were attacking was exceedingly arduous. The concept of "morbid thought" is, indeed, practically an antinomy. If thought is morbid, it cannot arrive at truth, but if it does not arrive at truth, how can it still be defined as thought? The rejection of "logicality" seems at once indispensable and impossible.

The solution which Freud proposes rests essentially on the introduction of a new concept which we shall call the *psychic expression*. In order to understand its bearing, we must first of all clearly define the concepts of *knowledge* and *expression*.

Knowledge is the great mystery of philosophy; we cannot define it; we can only describe it. What we may say is that the relation of

¹ I. D., pp. 465-6.

knowledge to its object is something fundamentally original. Knowledge is not comparable to a material portrait, to a photograph; the portrait makes known the person it represents only after a previous knowledge of itself, whereas knowledge makes known its object without being itself known previously. But knowledge is not ontologically identical with its object: I may have actual knowledge of what has no actual existence, i.e. of the past or the future. In short, knowledge is neither the thing itself nor a material portrait of the thing.

Expression is less mysterious. We feel pain and we utter a cry. The psychologist will say that the cry is the expression of the pain, the natural sign of the pain, or he may even speak of "natural language" in this connection. The relation of the expression to the psychic state to which it corresponds is quite different from the relation of knowledge to its object. Whereas knowledge makes known its object without being previously known, the sign can only make known what it signifies by being itself previously known. We perceive the cry which a man utters, and we infer that he is in pain. Moreover the sign, being an effect of what it signifies, proves its existence: the tracks left by an animal demonstrate that it has really passed that way. Knowledge does not prove the existence of its object: I can imagine an entirely fictitious object which has never existed and which never will exist. Lastly, while the sign is material and may be perceived by the senses, knowledge is immaterial and may not be perceived by the senses.

Knowledge and expression, thought and natural language seem to be radically heterogeneous. It has been left to Freud to wonder whether expression were necessarily material. To this question he gave a negative answer, and interposed between immaterial knowledge and material expression the new concept of immaterial or psychic expression.

Setting affectivity aside, we may say that the psychic faculties are capable of two modes of operation—cognitive and expressive. Knowledge is the highest mode of the psychic activity; it is connected to an object, to reality; it is realist. Through the influence of various causes whose processes of activity are difficult to determine, the psychic activity is debased; it ceases to know, and becomes only capable of expression. As it no longer envisages an object by means of knowledge, it can only be derived from some previous knowledge by way of causality. Psychic or immaterial expression is therefore seen to be a causal resultant of a thought which preceded it in time.

While we have chosen the term "psychic expression," we could

equally well have spoken of *dereistic thought*,¹ since the fundamental quality of this inferior mode of psychic operation is detachment from reality, the absence of object. The field of psychic expression includes delirium, obsessions and phobias, dreams, in short everything in mental life which is not referable to true and orthodox knowledge.

It follows from these considerations that when Freud speaks of the "meaning of the dream," the phrase may give rise to misunderstandings. To grasp it fully, it is useful to compare the dream with language. When we say that a sentence has a meaning, we mean two things. In the first place we mean to assert that the utterance of this group of sounds has a causal dependence on thought, and in the second place that this causal dependence is conscious and voluntary. It is important to realize that the first condition bears a fundamental relation to the second. Natural language logically precedes conventional language. The expression of psychic activity by cries or gestures takes place first in a purely spontaneous manner. After reason has become aware of it, it can be used voluntarily. The dream, like natural language, is an effect-sign of thought. But while language is an effect-sign of the material order, the dream is an effect-sign of the psychic order. Natural language (a cry of pain, for example) is derived from the psychism by way of causality. Knowledge of this causal relation (comprehension) only comes after the event. In the same way, the dream is derived from the psychism by way of causality and is usually not understood. *Language expresses thought vocally, the dream expresses it psychically. We may say that the dream is a natural and individual psychic language.*

The concept of psychic expression is only the theoretical obverse of the associative method of interpretation. The associative method comprises two essential stages: in the first, the images forming the manifest dream are collected by introspection; in the second, the causes of their appearance in the field of consciousness are sought by means of association. In the first stage, psycho-analysis uses the psychology of consciousness. If psychic facts are to be reached, it is absolutely impossible not to have recourse to consciousness at some point or other. Having used consciousness to provide psychic material, psycho-analysis transcends it in the second stage. Consciousness knows nothing of the means whereby the dream has been produced. The derivation of the manifest content from the starting-point of the latent content has been brought about in a manner as

¹ The adjective "dereistisch" is an invention of Bleuler's, and its French translation "déréistique" has been used by Dr. Pichon, *Revue française de Psychanalyse*, vol. i, No. 4, p. 773. (D.) The word is here given its English form. (Trans.)

foreign to consciousness as blushing is from shame. Immaterial expression, no less than material expression, must be causally and objectively studied. To this end, we must endeavour to create by artificial means a functioning of the psychism as far as possible emancipated from the dual control of reason and will. Once this is achieved, we shall simply have to trace stable connections (examples of evocative causality) in the psychic flow.

In the statement just given we have approached the question from above; Freud tackled it from below. One may equally well proceed, as we have just done, from the concept of the psychic expression to the associative method, as follow the reverse direction from the associative method to the idea of psychic expression. Freud has described the associative method very clearly, but he has not formally stated the concept of the psychic expression. From the philosophical point of view, he may be legitimately blamed for this; the idea which guides his work is never allowed to emerge. From the scientific point of view, it must be recognized that in showing us a method whereby we are enabled to connect all expressive psychic phenomena with their causes, he has done all that was necessary. Freud is much more of a technician than a thinker. He made no abstract, as we have just attempted to make, of what may be called the metaphysics of his method.

CHAPTER III

SEXUAL THEORY

Even though the theory of dreams is the centre of psycho-analysis, the science is best known for its sexual theory, which has aroused the most heated discussion. The following chapter aims only at giving a strictly objective account of it, and does not in any way pledge our own attitude to the question.

It is important too to note that there is no necessary dependence between the associative method of exploring the unconscious and the theories involving an extension of the field of the sexual instinct. Freud's method has been too often confused with his doctrines. As we have already suggested, it would be useful to keep the term *psycho-analysis* for the method, and to call the substance of his doctrines *Freudism*. But whether we commit ourselves to this terminology or not, it is indispensable to distinguish Freud's exploratory technique from his systematized views on sexuality.¹

The following exposition of Freud's ideas on the problem of sex is based principally on his *Three Contributions to the Theory of Sex*, in which little work Freud has stated his position in a clear and methodical manner. He was induced subsequently to modify his theories, firstly on the subject of narcissism, and later on that of the life and death instincts. In this chapter we shall follow the scheme of the *Three Contributions*, embodying Freud's exposition of narcissism, and later we shall study his speculations on the life and death instincts. We shall therefore have to examine in turn sexual aberrations, infantile sexuality, the changes occurring at puberty, and the life and death instincts.

But we must first set out Freud's method of studying the sexual instinct, the meaning which he attaches to the idea of instinct in general, and so to the sexual instinct in particular, which will lead us to define the distinction which he lays down between "sexual" and "genital."

¹ Cf. Rivers, I. & U., pp. 163-4; Papillant, "Défense des Méthodes et Critique des Théories psychanalytiques," in *Le Progrès Médical*, March 9th, 1929, pp. 407-15.

I. Application of the Genetic and Comparative Methods to the Sexual Instinct

Freud has often been blamed for the vagueness of certain concepts which he constantly employs, such as "libido" and instinct. In order to answer this criticism, he is compelled to give a definite account of the ideas governing his investigation.

This reproach [he writes] is based upon a complete misconception of the facts. Clear fundamental concepts and sharply drawn definitions are only possible in the mental sciences in so far as the latter seek to fit a department of facts into the frame of a logical system. In the natural sciences, of which psychology is one, such clear-cut general concepts are superfluous and indeed impossible. Zoology and Botany did not start from correct and adequate definitions of an animal and a plant; to this very day biology has been unable to give any certain meaning to the concept of life. Physics itself, indeed, would never have made any advance if it had had to wait until its concepts of matter, force, gravity, and so on, had reached the desirable degree of clarity and precision. The fundamental concepts or most general ideas in any of the disciplines of science are always left indeterminate at first and are only explained to begin with by reference to the realm of phenomena from which they were derived; it is only by means of a progressive analysis of the material of observation that they can be made clear and can find a significant and consistent meaning.¹

Thus Freud believes that there can be no exact *a priori* knowledge of the points at which sexuality begins and ends. The only manner of solving this problem is to start from events which are indubitably sexual and to devote an objective study to their evolution in time; in short, to apply the *genetic* method. In certain cases this may lead to results which are apparently opposed to common sense. There is a well-known story of an Indian prince who refused to acknowledge the existence of ice, and maintained that it was absurd to say that water could be found in a solid state. He had always lived in a tropical climate, and his mistake is readily understandable. Our ancestors in the Middle Ages, or even in the eighteenth century, would probably have looked upon anyone who spoke of liquid air as mad. Psycho-analysts believe that the idea of infantile sexuality occurs as naturally to the psychiatrist or the psychologist as that of liquid air to the physicist or the chemist.² Physicists speak of liquid air owing to the fact that a continuous process of transformation changes air from a gas into a liquid, in conditions exclud-

¹ A. S., pp. 106-7.

² Cf. Jones, P. P., pp. 27-8.

ing the further addition of material elements. So Freud speaks of infantile sexuality because he believes that the retrogressive analysis of the sexual life of the adult connects it, by a continuous process of transformation, with affective events of childhood which may logically be considered as sexual, unless it may be supposed that sexuality originates from an ultra-phenomenal source.¹

The genetic method is a comparison limited to the successive phases of a single individual. It is generally supplemented by the *comparative* method proper, which is concerned with the similarity and differences of the phases occurring in several individuals. Freud has not been content to retrace the history of sexual development in the individual; he has set normal and perverted sexuality side by side, in the hope that one would throw light on the other. In so doing he was but applying to the sexual field a method well known in both psychology and physiology, the profitableness of which had already been recognized by Auguste Comte.²

The sexual theory which he advances is therefore not solely based on the study of normal sexuality in the adult as is that of the authorities whom he criticizes. Freud hopes rather to understand normal sexuality with the aid of the para-sexuality of the pervert and the pre-sexuality of the child. The scheme of the *Three Contributions* is therefore clear: taking as his starting-point the dissociations met with in the perversions, in which various components of the sexual instinct manifest discretely, he examines how the synthesis of these components is gradually built up in the child to result in the sexuality of the normal adult, metamorphosed by the pubertal process.

After considering Freud's approach to the sexual instinct, we must now define the meaning which he attaches to the word "instinct" and so to the expression of the sexual instinct.

Psychologists are by no means generally agreed on the meaning of the word "instinct." Some prefer to keep this term for the inherited automatisms of which insects provide the most striking examples. That point of view is strictly objective; and that conception of instinct is purely motor and "behaviouristic." Other psychologists prefer to consider instinct from the subjective point of view, emphasizing the deeply-rooted relationship between instinct and affectivity. But if instinct is regarded as an affective urge, there are two different methods of classifying the various instincts. One may either concentrate on the type of reaction, and thus arrive at a

¹ I. L., p. 261.

² Cf. Georges Dumas, T. P., vol. ii, pp. 1007 et seq.; cf. Lévy Brühl, *La Philosophie d'Auguste Comte*, p. 239.

classification of the emotions or the passions, distinguishing, for example, fear, anger, and hope; or else one may group the affective reactions around the physiological functions on which they are based. Regarded in this light, the emotion of anger in animals will be classed according as it is provoked by opposition to the needs of hunger or of sex, and so on.

Freud does not consider instinct either from the point of view of inherited automatisms, or from that of types of emotion; he studies it in terms of physiological needs. His follower Saussure has given an excellent statement of his ideas on this point.¹ According to Freud, instinct is a continual internal stimulus, which produces specific satisfaction if it obtains sufficient response. He often gives the word "instinct" a wider significance, when it implies the sum total of psychic acts necessary to the fulfilment of a physiological function. This conception of instinct involves the objective and the subjective point of view simultaneously. Objectively, instinct is characterized by its purpose—the preservation of the individual or the preservation of the species. Subjectively, specific satisfactions are connected with the fulfilment of different vital aims.

Let us apply these data to the sexual instinct. The moment we use the biological means of approach, it becomes impossible to limit the sexual instinct to inherited genital automatisms. In the case of man, these take a very small place in the sum total of the processes which contribute to the fulfilment of the reproductive function; only the final reflexes of coitus are strictly stereotyped. The psychic states, the direction of whose vital aim is the continuity of the species, extend well beyond the narrower field of genital sensations and reflexes. Emotional reactions of all kinds—desire, hope, fear, or anger—may derive from sexuality. We are therefore impelled to define the sexual instinct as

a continuous natural impulse which, when adequately expressed by outward behaviour in a normal direction, produces in the case of the adult first desire, and then the possibility of intercourse. If this impulse obtains an adequate response, it gives rise in the individual to a certain satisfaction, which, once it attains a certain stage of development in consciousness, results in a specific pleasure known as genital pleasure.²

It is now easy to understand the psycho-analytical distinction between "sexual" and "genital." Many of Freud's opponents believe that from the psychological point of view, the criterion of

¹ de Saussure, "Évolution de la notion d'instinct," in *L'Évolution psychiatrique* (old series), vol. ii, pp. 91-129.

² Régis and Hesnard, *P. N. P.*, p. 35.

sexuality is the presence of genital sensations. Once Freud had adopted the biological conception of instinct, he was forced to extend the field of sexuality. He holds that genital sensations are no more than the final stage of the sexual processes. Their antecedents are another set of psychological phenomena which may be called the sexual emotions, and whose whole function it is to release them. The fact that the emotions which Freud treats as sexual do not always cause the release of reflexes and sensations of a genital order, is due either to the intervention of an inhibitory force, a repression, or to some deficiency of the genital apparatus proper. A sexual emotion, in the Freudian sense of the word, is not any indeterminate emotion, neutral in itself, which happens to be associated with genital events; it is an emotion of a particular feeling-tone which should normally lead to genital events proper. "Sexual" is not identical with "genital," but both are essentially related; the criterion of the sexual being an *intrinsic aptitude* to release the genital. To the objection of those who maintain that it is absurd to speak of sexual events which are not genital, Freud would answer somewhat as follows: "You forget repression, and even organic conditioning. A lighted match is capable of setting fire to a pile of paper, but only so long as it is not put out by the wind and the paper is dry enough." A sexual emotion contains in itself all that is necessary to evoke genital reactions, so long as they are not inhibited by repression and the genital organs are not too weak.

II. Sexual Aberrations

Freud gives the name "sexual object" to the person who exercises sexual attraction, and "sexual aim" to the act to which instinct impels the subject.¹ This distinction provides him with the grounds for his classification: he contrasts perversions relating to the sexual object with perversions relating to the sexual aim.

(i) *Deviations relating to the Sexual Object*

The most striking of the perversions relating to the sexual object is homosexuality, or inversion. We may distinguish three types of inverts: complete inverts, attracted only by persons of their own sex; bi-sexual inverts, whose sexuality is directed objectively to persons of either sex; and occasional inverts. Inversion may make its appearance very early; certain inverts can never remember having experienced heterosexual attraction. In other cases inversion is a more or less late development. Sometimes it is transitory, or even periodic.²

¹ T. C. S., p. 1

² T. C. S., pp. 2-3.

Inversion was originally explained by degeneracy, that universal label of the psychiatry of fifty years ago.¹ Unless we attach a wholly indefinite meaning to the word "degeneracy," we must recognize that this explanation of inversion is very unsatisfactory. Homosexuality may be found in persons who show no other serious stigmata; it may not happen to interfere with the general psychic development; it has played a large part in the life of certain ancient civilizations, and is frequently met with among various primitive peoples.²

Without going so far as to relate inversion to degeneracy, we may look upon it as congenital. Naturally this explanation can only be advanced in the case of persons who have no memory of ever having experienced heterosexual attraction. We are therefore obliged to offer two different explanations, one for cases of complete inversion, and the other for bi-sexual inversion and particularly for occasional inversion. A number of authorities have regarded this dual form of explanation as very improbable, and have maintained that inversion was always acquired. They have pointed out that a sexual incident of early childhood is to be found in the case of complete inverts, which may be held responsible for the subsequent disturbance; that in other cases inversion is clearly attributable to the person's past; and lastly that inversion was more or less curable by suggestion, which would be very unlikely if it were congenital. The theory of wholly acquired inversion is point by point opposed to the theory of congenital inversion. Freud points out that many people who have experienced sexual traumata in childhood subsequently escape inversion. We are therefore obliged to combine the explanations by inherency and acquisition.³

It is at this point that the theory of bi-sexuality comes in. Hermaphroditism in the embryo has long been known; in everyone, male or female, the genital organs of the other sex are to be found in a rudimentary state. Attempts have been made to find a parallel to these facts in the psychic order, but there is no regular coincidence of inversion with abnormally developed anatomical hermaphroditism.⁴

The whole of this discussion of the ætiology of homosexuality provides Freud with two ideas, that of a bi-sexual disposition with an ill-defined anatomical substratum, and that of a disturbance of the development of the instinct. He does not deny the part played

¹ In this connection we may mention Genil-Perrin's very interesting book, *Histoire des origines et de l'évolution de l'idée de dégénérescence en médecine morale*. Thèse de Médecine, Paris, 1913, No. 152.

² T. C. S., p. 5.

³ T. C. S., pp. 5-6.

⁴ T. C. S., pp. 6-9.

by constitutional factors, as he has sometimes been accused of doing, but he simply maintains that they are not in themselves sufficient to explain inversion.

The sexual object of the male invert is not always, as certain authorities have maintained, the virile type of man. Many inverts pursue the adolescent; their sexual object is a compromise between the masculine and the feminine types. The sexual aim of inverts varies between anal coitus and simple sentiments, with mutual masturbation midway between the two.¹

The conclusion which Freud draws from his study of inversion, which is very important for the construction of his system, is that the sexual urge and the sexual object are not connected.

The experience [he writes] gained from the so-called abnormal cases teaches us that a nexus exists between the sexual impulse and the sexual object. We are in danger of missing this nexus if we confine our attention to the normal sexual life in which the impulse seems to contain its own object. This forces us to draw a certain distinction between the impulse and its object, and it is permissible to suppose that the sexual impulse pre-exists independently of its object, and that its genesis is not determined by stimuli deriving from the object.²

The above is a summary of Freud's views on homosexuality as expressed in his *Three Contributions*. Although he has approached the problem in other publications and drawn up various psychogenic formulæ, we shall simply point out in broad outline the most generally accepted psycho-analytical formula, according to Dr. Hesnard's *Psychologie homosexuelle*. This psychogenic sketch makes consistent use of the Freudian theories of infantile sexuality, which we shall consider later.

Hesnard, in agreement with Freud, Sadger, Stekel and Ferenczi, asserts that in all the homosexuals whose affective life in early childhood he has been able to analyse, he has traced "the precocious, abnormally far-reaching influence of a woman or of a feminine environment."³ It is generally a case of an affective fixation of the child on its mother, sometimes involving manifestations which are indisputably genital.⁴ This intense, exclusive and jealous possessiveness is often brought sharply up against the barrier of established family relations. But its two components, sexual emotion and genital sensuality, have a very different fate awaiting them. They are actually dislocated. Sexual emotion becomes incapable of producing

¹ T. C. S., pp. 9-11.

³ Hesnard, P. H., p. 48.

² T. C. S., p. 12.

⁴ Hesnard, P. H., p. 50.

its normal effect, i.e. genital reflex; it is in a manner desexualized, and appears to be no more than pure affection. But genital sensuality is not so easily appeased. Deprived of the exact orientation towards a heterosexual object with which it was supplied by the more highly psychic component whose function it was to direct it, it becomes no more than an internal pleasurable sensation, or auto-erotism. Hesnard follows Freud in stressing the supremely important part played in the future homosexual by this fixation at the elementary enjoyment which he gets from his own body—this “phallic primacy,” as the psycho-analysts call it.¹ Later, when the development of the instinct impels the individual to seek a sexual object other than his own body, the normal orientation towards women will be doubly impeded: negatively, his sexual emotions will have been atrophied by infantile repression; and positively, his genital sensuality, being auto-erotically fixated, is incapable of orientation towards a complementary object, being at most capable of transference to an object which resembles the man himself, i.e. a homosexual object.²

The case we are about to summarize departs from the foregoing formula in two particulars: “phallic primacy” does not seem to play a considerable part in it, and the sexual impulse which, through the failure of its repression, gave rise to homosexuality, is not to be found in the psychic mists of early childhood, but in full adolescence.

A certain W suffered from a complex neurosis. He practised homosexuality and onanism, and a deep-seated inertia made him neglect the business interests entrusted to him by his father, which caused heavy financial loss.

W's mother died when he was fourteen. Two years later his father married a second time, his wife being a woman of twenty-three who looked no older than sixteen. “My step-mother and I,” said W, “seemed to be inseparable, so much so that it seemed unusual to see her with my father. On walks in the park we invented all kinds of games, and for some years lived happily together.”³ At about the time that he was twenty, W, without being able to explain his feeling, began to find the atmosphere of his home intolerable. He travelled, and the intervals between his home visits became longer and longer. At the age of twenty-three he settled in Paris, and was a constant visitor at the house of his stepmother's elder sister, who had a daughter of seventeen. “I fell madly in love with her,” said the patient; “she was very like my stepmother to look at.”⁴ One

¹ Hesnard, P. H., pp. 69–70.

² Hesnard, P. H., p. 71.

³ Laforgue and Allendy, P. N., p. 102.

⁴ Laforgue and Allendy, P. N., p. 102.

day in the garden, the girl threw her arms round her cousin, gave him a long embrace and burst into tears. "I ought," continued W, "to have been the happiest man alive, but I felt myself rather to be the unhappiest, and I never went to see her again."¹ He sometimes walked up and down outside her house in the evening, to try and see her in the distance. In a café on the opposite side of the road he made the acquaintance of a young man who knew his aunt and his cousin, and sometimes mentioned them to him. They became friends, and the relation eventually became homosexual, but once physically satisfied, W could no longer bear the sight of the man in question. In disgust, he abandoned his friend, and for two years contented himself with onanism. He formed another homosexual connection which lasted six months, and then ended it in disgust. At last in despair he sought the help of psycho-analysis.

Laforegue and Allendy tell us that treatment brought to light "a largely unconscious conflict." W was emotionally fixated on his stepmother, and while unaware of the exact nature of his feeling, he instinctively reacted against it, hence his leaving his father's house. Later this love was naturally transferred to the cousin who looked so like his stepmother. But although this feeling was apparently quite new, it could not be freely indulged because it was ultimately no more than a substitute for the incestuous attraction against which his psyche was instinctively putting up so strong a defence. W's reaction to the girl's movement of surrender was to escape. There followed the decline to homosexuality and onanism.

This case is a typical illustration of some of the Freudian mechanisms. An incestuous love strikes repression; the emotional and the sensual components are separated, and only the emotional component persists in consciousness, owing to its apparent desexualization. The original love is transferred to a new feminine object which resembles the former, but the link between sexual emotion and genital sensuality is not re-established. The new situation resembles the old too closely; repression comes automatically into play. Separated from sexual emotion, but retaining its original force, genital sensuality is discharged anomalously in homosexuality and onanism.

Analysis revealed to W his true feelings, especially the unconscious hatred of his father, based on jealousy, which prevented him from carefully attending to the financial business which the latter entrusted to him. "When he recovered his normal balance," Laforegue and Allendy conclude, "his inertia disappeared, and he became capable of the marriage which had been his dearest wish."²

¹ Laforegue and Allendy, P. N., p. 103. ² Laforegue and Allendy, P. N., p. 105.

Although homosexuality is much the most important of the perversions relating to the sexual object, it is far from being the only one. Certain persons select children or animals as their sexual objects.¹ Freud points out that these disturbances of the instinct are found not only in the insane, but also in persons who exhibit no other psychic deviation.

He who is in any way psychically abnormal [he writes] socially or ethically, is, according to my experience, also invariably so in his sexual life. But many are sexually abnormal who in every other respect correspond to the average; they have attained the normal level of human cultural development, but sexuality has remained as their weak spot.²

Freud is not alone in making such assertions, but it must in fairness be recognized that the generation of psychiatrists to which he belongs tend only to study sexual deviations in insane and criminal subjects. Havelock Ellis notes that before the publication of his first case of homosexuality "not a single British case, unconnected with the asylum or the prison, had ever been recorded."³ Freud reacts sharply against this tendency: "Under numerous conditions and among a surprising number of individuals, the nature and value of the sexual object play a secondary role. There is something else in the sexual impulse which is the essential and the object."⁴

(ii) *Deviations relating to the Sexual Aim*

Perversions relating to the sexual aim may be divided into two groups. The first are anatomical anomalies: certain portions of the body other than the genitals are used to obtain sexual satisfaction; the second are fixations at certain intermediate relations which in normal cases must be rapidly passed through in order that the ultimate sexual aim may be attained, and which in the case of perversion are substituted for the natural aim.⁵

At the root of anatomical anomalies we meet a phenomenon of a general nature, namely over-valuation of the sexual object. The value which it possesses is extended from the genitals to the rest of the body; sexual over-valuation even encroaches upon the psychic field. This process may lead as far as the use of parts of the body other than the genital organs for the purpose of sexual relations.⁶

The oral mucous membrane often plays an important sexual role. The kiss is not a perversion, but a stage towards the normal act. This

¹ T. C. S., p. 13.

² T. C. S., pp. 13-14.

³ Havelock Ellis, S. S. P., ii, 2 (n), preface to first edition.

⁴ T. C. S., p. 14.

⁵ T. C. S., pp. 14-15.

⁶ T. C. S., p. 15.

is no longer the case when the lips or the tongue come into contact with the partner's genital organs (fellatio and cunnilinctus).¹ Freud points out the part played by disgust in this connection; in a sense it is the force which limits the choice of sexual aims.²

The oral mucous membranes are not the only ones to be used in the service of sexuality; the anal mucous membrane may be used not only in the relations between two men, but between man and woman.³

The phenomenon of sexual over-valuation allows us to understand fetichism. In this perversion the normal sexual object is replaced by another part of the body, e.g., the hair or the feet, or even by articles of clothing, hats, gloves, shoes, and so on. Many cases are on the border line between the normal and the pathological, for clearly the beauty of different parts of the body and elegance of dress are among the normal stimuli of the sexual instinct. Perversion only appears when the need of any given stimulus of body or of dress becomes stereotyped, or takes the place of the normal aim. Binet was the first to point out that fetichism discloses the persistent influence of a past sexual impression, often dating from early childhood.⁴ Here is a simple example, taken from the case of a patient treated by Dr. Odier.

Once when he had been scolded at the age of eleven, a girl cousin of his own age spoke to him kindly. She treated him tenderly and affectionately, clasping his hands in her own, which were enclosed in glacé kid gloves. Whereupon he experienced, for the first time in his life, an erotic sensation with erection. He was greatly shocked. This incident gave rise to a crisis of "burning remorse," as of something shameful. He was never able to confess it to his mother. Later on, glacé kid gloves, and they alone, were endowed with the significance of a "fetich" for him, whereas gloves of chamois leather, of cotton, in fact all gloves other than glacé, left him completely indifferent.⁵

Beside perversions due to deviations of the anatomical aim we may place perversions due to transformation of a passing sexual aim into an ultimate aim. Freud points out that touch and sight of the sexual object may be regarded as stages towards normal coitus; if they become emphasized at the expense of the latter, they become perversions. He stresses the idea that urges of this type have both an active and a passive aspect. Thus the visual pleasure connected

¹ T. C. S., p. 16.

⁴ T. C. S., pp. 17-19.

² T. C. S., p. 16.

³ T. C. S., p. 17.

⁵ Odier, "Contribution à l'étude du surmoi et du phénomène moral," in *Revue de psychanalyse*, vol. i, No. 1, p. 39.

with the sexual instinct may consist either in seeing ("voyeurism" or skopophilia), or in being seen (exhibitionism).¹

The need of imposing suffering or humiliation on the sexual object in order to obtain gratification is what is known as sadism; its complement is masochism, which is pleasure excited by suffering or humiliation inflicted by the sexual object. Sadism has its origin in the normal instinct of sexual aggression of the male, and masochism in the natural tendency of the female to passivity.² Freud agrees with Havelock Ellis³ and various other authorities in emphasizing the important fact that all sadists are masochists and all masochists sadists.

Freud first regarded sadism as primitive and masochism as a derivation.⁴ Subsequently, when he contrasted the life and death instincts, he inclined to regard masochism as primitive.

(iii) *Miscellaneous Observations*

We have already pointed out, in connection both with inversion and with the other deviations relating to the sexual object, that Freud insistently stresses the fact that they are to be met with separately and entirely dissociated from the defects which are universally regarded as stigmata of degeneracy. He is never tired of emphasizing this point on the subject of perversions in general.

In no normal person [he writes] does the normal sexual aim lack some designable perverse element, and this universality suffices in itself to prove the inexpediency of an opprobrious application of the name perversion. In the realm of the sexual life one is sure to meet with exceptional difficulties which are at present really unsolvable, if one wishes to draw a sharp line between the mere variations within physiological limits and morbid symptoms.⁵

According to Freud, the perversion is not a true morbid symptom unless it permanently excludes normal sexuality.⁶

We should add, moreover, that "perhaps it is precisely in the most repellent perversions that we must recognize the most prolific psychic participation for the transformation of the sexual impulse."⁷ Their complexity does not admit of reduction to purely organic causes.

The notion of complexity is in fact one of the ideas upon which Freud builds his explanations of sexual phenomena. In dealing

¹ T. C. S., pp. 20-1.

² T. C. S., pp. 21-2.

³ Havelock Ellis, S. S. P., III, i, p. 106.

⁴ T. C. S., pp. 22-3.

⁵ T. C. S., p. 24.

⁶ T. C. S., p. 25.

⁷ T. C. S., p. 25.

with homosexuality we have already mentioned the separation of impulse and object; generalizing his viewpoint, he grants that the sexual instinct is composed of a plurality of elements which must be isolated and individually qualified by the psycho-analytic method.¹

The truth is that Freud believes that psycho-neuroses such as hysteria, obsessional neurosis, "so-called neurasthenia," and even psychoses such as dementia præcox or paranoia "can be referred back to the sexual impulse. . . . I do not mean," he continues, "that the energy of the sexual impulse merely reinforces the morbid state and its symptoms, but . . . that this is the only constant and the most important source of energy for the neurosis."²

Later we shall have occasion to study the Freudian theory of the neuroses. Let us say at once that Freud applies to them the general formulæ which we have studied in the preceding chapters, viz., repression, return of the repressed, compromise-formation, condensation, displacement, and symbolization. In hysteria the complexes even attain plastic expression, i.e., the mechanism of "conversion."³ The sexuality expressed by neurotic symptoms is not usually normal, but perverted, whence comes the famous formula which has given rise to so much discussion: "The neurosis is, so to say, the negative of the perversion."⁴ According to Freud, slight inclinations to inversion and a tendency to deviant anatomical aims (especially to the sexual use of the anal and oral mucous surfaces), are in fact to be found in the unconscious of all neuropaths.⁵ "Voyeur" and exhibitionist desires, as well as the instinct of cruelty in both its active and passive form, play an important part in the causation of neurotic symptoms.⁶

These observations lead Freud to work out two of the most disputed parts of his teaching—the conception of *erotogenic zones* and of the *theory of double function*. Instinctive stimuli derive, according to Freud, from the interior of the organism. They are therefore differentiated according to the anatomical region to which they correspond. Their aim is naturally "de-excitation" of the appropriate region. Freud further believes that stimulation of a single organic field may be of two different kinds, distinguished by their chemical nature. The specifically sexual quality of a stimulus would seem to depend on whether it be one of these two chemical types. Here we see that Freud does not maintain, as is sometimes held, that all organic pleasure, such as eating and drinking, is in itself of a sexual nature. His theory is that in certain cases, *besides* the gratifications of taste, the mouth is capable of a second type of gratification, which

¹ T. C. S., pp. 25-6.

⁴ T. C. S., p. 28.

² T. C. S., p. 26.

⁵ T. C. S., p. 29.

³ T. C. S., p. 27.

⁶ T. C. S., p. 29.

he calls sexual. This is the theory of *double function*.¹ When any given organ, such as the mouth or the anus, becomes the seat of this particular stimulation, Freud calls it an *erotogenic zone*.

Freud's view therefore involves a double extension of the concept of sexuality.² He holds that sexuality passes beyond "genitality" in two different directions. In the first place, as we explained earlier, sexuality includes affective elements more highly psychic than genital sensations; these are the "sexual emotions" or the "sexual feelings." Freud does not much favour the "peripheral theory" of emotion. "What psychology has to say about affects—the James-Lange theory, for instance—is utterly incomprehensible to us psycho-analysts and impossible for us to discuss."³ One has the right to conclude from such a statement that Freud clearly distinguishes "peripheral genitality" from "central sexuality." In the second place—and this is the most strongly contested of Freud's contributions—he thinks that sexuality may be detached from the genital organs, not in order to become more highly psychic, but in order to become localized in other organs. He claims that there are extra-genital sexual sensations; we might speak of an "extra-genital peripheral sexuality." We have dealt with this briefly already under the head of *erotogenic zones* and the *theory of double function*.

We may therefore, it seems, summarize the different conceptions of sexuality as follows. It is generally admitted that genitality is sexual by definition; there is unanimous agreement on "peripheral sexuality genitally localized." Many authorities further assert the existence of "sexual feelings" or "sexual emotions," which are not genital sensations and may have a separate existence. Those who maintain that love has a qualitative and specific feeling-tone, thereby give assent to the idea of a "central sexuality." Finally the Freudian school maintains that the existence of "extra-genital sexual sensations" must likewise be recognized, and endeavours to justify the concept of a "peripheral sexuality extra-genitally localized."

The use of the comparative method in the study of sexuality has led Freud partly to dispense with the distinction between perversions and normality. "The very wide incidence of perversions," he writes, "led us to assume that the predisposition thereto is no rare peculiarity but is an integral part of the normal constitution."⁴ Perversion is neither completely innate nor completely acquired; it results from the interaction of hereditary dispositions and impressions from without. The genetic method must therefore be used to supplement the

¹ T. C. S., p. 31; I. L., pp. 259, 276; de Saussure, M. P., pp. 31–41; Régis and Hesnard, P. N. P., pp. 244–5.

² A. S., pp. 66–9.

³ I. L., p. 331.

⁴ T. C. S., p. 33.

comparative method. Study of sexual development is the only means of determining the comparative importance of the constitutional factors and experienced events respectively.¹ This leads us to the study of infantile sexuality.

III. Infantile Sexuality

The study of infantile sexuality has been very much neglected.² The writers who have mentioned sexual occurrences in children have usually treated them as exceptional cases. "No author," says Freud, "has to my knowledge recognized the normality of the sexual impulse in childhood."³ Freud explains this "remarkable negligence" partly by certain prejudices, and partly by "infantile amnesia." Most adults find that the memories of their first six or eight years fall into oblivion. Freud believes that this forgetting of events which have left so deep an imprint on the character must be attributed to repression.⁴

Psycho-analysis unearths a considerable number of sexual events among the forgotten memories of early childhood. Relying on these results, Freud holds that from birth onwards the child undergoes psycho-sexual experiences, which, after a certain development, suffer a regression which he calls "latency period."⁵ During this latency period, which begins about the age of five,⁶ the forces which inhibit sexuality, such as disgust and shame, start to establish themselves. According to Freud, "they are probably brought about at the cost of the infantile sexuality itself (which has continued to exist even during this latency period) the energy of which has been diverted either wholly or partially from its proper purpose and applied to other aims."⁷ This is what he calls *sublimation*. The latency period continues until puberty, but may be interrupted by a more or less intense reawakening of sexual activity.

(i) Pleasurable Sensations of the Erotogenic Zones

The manifestations of infantile sexuality, such as we know them, during the period preceding sexual latency (the pre-latent period, as some psycho-analysts call it), are very different from normal adult sexuality. We have already mentioned that Freud maintains the existence of an "extra-genital peripheral sexuality." In other words, he relates pleasurable sensations, which almost all the other authorities consider autonomic, to the sexual instinct.

Oral sensations take the first place among these pleasurable

¹ T. C. S., p. 34.

⁴ T. C. S., p. 37.

⁶ P. L. A., p. 104; T. C. S., p. 88.

² T. C. S., p. 35.

⁵ T. C. S., p. 39.

³ T. C. S., p. 35.

⁷ T. C. S., p. 40

sensations. We must repeat that Freud does not equate nutritional and sexual satisfaction. But we are not here considering the nutritional aspect, which is adequately defined by the biologically-determined teleology proper to it. Freud has here in mind the morbid pleasure of the act of sucking, the abnormal hedonicity resulting from suction. This is what the psycho-analysts call "buccal erotism" or "oral erotism."

It is not easy to understand why Freud relates this abnormal hedonicity to sexuality. His train of thought may, I think, be presented as follows. In the adult, the bucco-labial sensations of the kiss are the *proper* stimulus of genital sensations; bucco-labial pleasure has no intrinsic biological utility in itself, and must therefore be regarded as being essentially a means of releasing genital phenomena.

We can trace similar ideas in other writers prior to Freud. Havelock Ellis mentions Gualino's experiments on the sexual sensibility of the lips, published in Number III of the *Archivio di Psichiatria* for the year 1904. This authority "found that mechanical stimulus applied to the lips produces a more or less sexual sensation in 12 women out of 20, but in only 10 men out of 25, i.e. in sixty per cent of women and forty per cent of men."¹ The reason why genital reactions are not obtained in childhood from bucco-labial sensations is not that the latter are neutral and asexual, but that the genital apparatus (in the strict sense) is still too weak. As we shall see later, Freud distinguishes "preliminary pleasure" from the "pleasure of satisfaction." The pleasure of satisfaction is obtained from ejaculation, of which the child is incapable, but Freud believes that although the pleasure of satisfaction is not possible until puberty, the pleasurable feelings whose biological function it is to release the ultimate pleasure, develop much earlier. Mme. Sokolnicka, a close follower of Freud, has very clearly formulated his teaching as follows:

It [the prelatent period] has no other aim than the preparation for the adult genital phase, established at the age of puberty under the primacy of the genital organs and to serve the purposes of reproduction. This preparation consists essentially in a very important task, viz. the development of the preliminary pleasure of the genital act, or "fore-pleasure" which precedes the final release of the genital act, that is to say, the "end-pleasure" of the orgasm.²

Freud is merely applying at this point his general conception of instinct; he refuses to limit instinct to hereditary automatisms, such

¹ Havelock Ellis, S. S. P., III, i, p. 143.

² Sokolnicka, "Quelques problèmes de technique psycho-analytique," in *Revue de Psychanalyse*, vol. iii, No. 1, p. 7.

as the final reflexes of coitus. In his view, the hedonicity diffused throughout the organism must be regarded as at the service of the sexual instinct—at least when it is not referable to the normal sensations of the regular performance of organic functions, such as nutrition and evacuation, and when it seems to have no proper end of immediate biological aim.

To justify his theory of the sexual character of bucco-labial hedonicity, Freud also relies on the psychology of perversions. He assumes, as we have seen, the principle that a theory of sexuality based solely on the study of normal sexuality cannot possibly be accurate. In the case of both congenital and acquired disorders, the pathological phenomena, in the wide meaning of the term—or the abnormal phenomena, if the expression is found preferable—are fundamentally homogeneous with the normal phenomena. *Disease is not creative, but simply destructive.* Freud seems here to be guided by an obscure awareness of the principle which Hughlings Jackson enunciated so strikingly: a negative cause cannot produce a positive effect.¹ The idea of "functional release" which Head has deduced from Jackson's principle and applied to organic neurology, is closely akin to the Freudian concept of perversion considered as a psychological regression to past infantile states, a regression due to the putting out of action of the more complex mechanisms developed since childhood. Freud refuses to regard a perversion such as fellatio as a creation *ex nihilo*; he considers it but as a reappearance of bucco-labial hedonicity, whose sexual nature it unmasks.

No one [he writes] will feel inclined to dispute, I think, that the mucous membrane of the lips and mouth is to be regarded as a primary *erotogenic zone*, since it preserves this earlier significance in the act of kissing, which is looked upon as normal. An intense activity of this erotogenic zone at an early age thus determines the subsequent presence of a somatic compliance on the part of the tract of mucous membrane which begins at the lips. Thus, at a time when the true sexual object, i.e. the male organ, has already become known, circumstances may arise which once more increase the excitation of the oral zone, whose erotogenic character has, as we have seen, been retained. It then needs very little imagination to substitute the sexual object of the moment (the penis) for the original object (the nipple) or for the finger which was a substitute therefor later on, and to place the actual sexual object in the situation in which satisfaction was originally obtained. So we see that this excessively repulsive and perverted fantasy of sucking the penis has the most innocent origin. It is a new version of what may be des-

¹ Cf. Mourgue, "La méthode d'étude des affections du langage d'après Hughlings Jackson," in *Journal de Psychologie*, 1921, pp. 756-8.

cribed as a prehistoric impression of sucking at the mother's or nurse's breast—an impression which has usually been revived by the sight of babies at the breast. In most instances the udder of a cow has appropriately served as an intermediate image between a nipple and a penis.¹

Such are the reasons which seem to have led Freud to advance the widely contested assertion that bucco-labial hedonicity is ultimately of a sexual nature.

This bucco-labial hedonicity is auto-erotic. Havelock Ellis invented the term "auto-erotism" to denote "phenomena of spontaneous sexual emotion generated in the absence of an external stimulus proceeding, directly or indirectly, from another person."² Freud changed the meaning of this word, and used it to denote sexual phenomena in which the subject makes use of his own body as an object. Sucking certainly comes into this category. It presents the three essential characteristics of infantile sexuality: its development is based on a physiological function essential to life (nutrition); it is aware of no sexual object other than the body of the subject (auto-erotism); and its end is the relief of an erotogenic zone.³ The impression of tension in an erotogenic zone, which excites an action such as sucking in order to obtain relief, may have a central as well as a peripheral origin.⁴

Freud also relates abnormal hedonicity of the anal zone with sexuality. Here again it is important clearly to distinguish the facts from their interpretation. We are not here concerned with the sensation of relief which normally follows defæcation; but certain persons also exhibit an abnormal pursuit of anal gratification. These persons hold back their "fæcal masses until through accumulation violent muscular contractions result; the passage of these masses through the anus is liable to produce a marked irritation of the mucous membrane."⁵ Bleuler quotes

the case of a woman who since childhood was in the habit of retaining her fæces for a period often longer than a week. Each time the need became too imperative, she would crouch down and push the heel of a shoe between her buttocks and thus support the muscular wall of the perineum. She was never able entirely to conquer this habit.⁶

The normal sensation of relief after defæcation and the abnormal sensation of gratification excited by the retention of fæcal matter,

¹ D., pp. 64-5.

² Havelock Ellis, S. S. P., I, i, p. 161.

³ T. C. S., p. 44.

⁴ T. C. S., p. 45.

⁵ T. C. S., p. 47.

⁶ de Saussure, M. P., pp. 52-3.

both belong to the realm of facts. In regarding disproportionate hedonicity of the anal zone as being of a sexual nature, Freud is giving an interpretation. How does he support this? He brings several arguments to bear. In the first place, "anal stimulus produces an erection in many people after puberty."¹ In such cases, then, anal hedonicity appears to be a consistent genital stimulus, which is the characteristic of the "sexual" in so far as it is distinguished from the "genital." Here is a doctor's observation of his own case, published by Stekel, which shows how far the anal may be linked with the genital in certain cases.

I often suffered as a child from diarrhœa. I had a bad attack of this malady when I was six years old, complicated by severe tenesmus. This tenesmus remained with me, and occurs from time to time without any special cause. I feel a strong impulse to defecate, but am unable to do so. A violent contraction in the rectum causes such pain that I could cry out. This pain gradually resolves itself into a pleasurable sensation, which ends in an actual orgasm. Sometimes the cramp occurs only in the perineal region, which, when it reaches a crisis, is combined with a mild feeling of pleasure.²

In the second place, homosexual as well as heterosexual coitus per anum is a perversion which is to be found universally. If we accept the hypothesis that para-normal events never result from a creative, but only from a dissolvent process, their positive content must be in existence in a state of latency in normal persons. This point of view leads to the postulating of the sexual nature of paradoxical pleasure-sensations in the anal zone. Thus Freud does not use the expression "abnormal hedonicity" of the anal region, which I have used because it is simply descriptive and involves no specific theory; he always uses the expression "anal erotism," which involves his whole theoretic construction.

Abnormal urethral hedonicity is likewise considered by Freud to be of a sexual nature. He barely mentions it in his *Three Contributions*, but in other works he studies it in more detail. His disciple Sadger has gone into the question thoroughly.³ Here again we must begin by disregarding the normal sensation of relief which follows micturition. But certain persons voluntarily retain their urine in order to obtain a more intensely pleasurable sensation on passing it later. Freud considers this urethral hedonicity to be of a sexual nature for exactly the same reasons as those we have stated in the case of bucco-labial and anal hedonicity. In the first place, it is a

¹ de Saussure, M. P., p. 52.

² Stekel, C. N. A., p. 120.
³ In the second part of vol. ii of the *Jahrbuch für psychoanalytische und psychopathologische Forschungen*. pp. 409-50.

fact that in the case of adults, retention of urine, due to whatever cause, may cause an erection. This may easily be observed upon waking in the morning. In the second place, the urinary function, whether it be a reflex or a more highly psychic event, is in a manner the framework upon which the genital function is built. Difficulties of ejaculation are often dependent upon antecedent difficulties of micturition. Spermatorrhœa and ejaculatio præcox often replace urinary incontinence. Urinary retention is often replaced by retention of semen. The habit of fractional micturition leads to *masturbatio interrupta* or to *congressus reservatus*. Relying on these facts, for the discovery of which Sadger is primarily responsible, the Freudian school believes urethral hedonicity to be of a sexual nature, and gives it the name of urethral erotism.

The anatomical-physiological connections between the genital apparatus and the urinary apparatus are so clear that they have been universally recognized. We may say that on this point the differences between Freud and the academic psychiatrists are slight indeed. From the terminological point of view, the academic psychiatrists do not use the expression "urethral erotism" invented by the Freudians. This difference of language may cover a difference of doctrine. The authorities who preceded psycho-analysis only seem to allow interaction where Freud claims radical homogeneity. But all recognize the mutual conditioning of the two functions, which may be so intricate that it is sometimes difficult to lay down exact limits. We have only to re-read Janet's observation LVI in the second volume of his standard work, *Les obsessions et la psychasthénie*, to recognize that on the point with which we are dealing he is not very far from Freud.¹ The patient in question began with urinary preoccupations which were followed by genital disorders—a "genito-urinary mental" case, in short. It will suffice to quote the following characteristic sentence from Janet's account of the case:

This patient began in childhood with nocturnal enuresis, which ceased only when he began to masturbate, at the age of fourteen.²

Pitres and Régis have published

the case of a young girl who, having once at the sight of a young man she liked in a theatre been overcome by sexual feeling accompanied by a strong desire to urinate, was afterward tormented by a groundless fear of experiencing an irresistible desire to urinate at inconvenient times.³

¹ Janet, O. P., vol. ii, pp. 134-7.

³ Havelock Ellis, S. S. P., III, i, p. 55.

² Janet, op. cit., p. 135.

This account is exactly comparable with that published by Freud in the *Revue neurologique* of January 30th, 1895, p. 35.

Sérieux reports the case of a girl of twelve who suffered from an impulse to masturbate which she could not control, though she was anxious to restrain it. This girl could only find relief in the act of urinating. The act calmed her, and to a certain extent satisfied the sexual excitation. As soon as the impulse to masturbate was suppressed, the impulse to urinate became imperious; the girl had to get up four or five times nightly for this purpose, and used also to urinate in her bed and in her clothes in order to obtain the sexual relief she desired.¹

Janet, Pitres and Régis, Sérieux, are all unassailably academic and "orthodox" psychiatrists. It is the more interesting to see how closely their observations of genito-urinary psychopaths agree with those of Freud. They do not, however, go so far as to speak of urethral erotism. Havelock Ellis seems indeed to accept the notion without using the word.

The female urethra [he writes] is undoubtedly a normal centre of sexual feeling, as Pouillet pointed out many years ago; a woman medical correspondent, also, writes that in some women the maximum of voluptuous sensation is at the vesical sphincter or orifice, though not always so limited. E. H. Smith, indeed, considers that the urethra is the part in which the orgasm occurs, and remarks that in sexual excitement mucus always flows largely from the urethra.²

I have been at pains to reconcile the Freudian conception of urethral erotism with the accounts of genito-urinary psychopaths published by such authorities as Janet, Pitres and Régis, Sérieux, because I believe that that is the best means of understanding the Freudian theory of extra-genital sexual sensations. We are not for the moment concerned with the rightness or wrongness of Freud's views, but only with ascertaining what he has to say on the matter. That is by no means easy. If we begin with his statements concerning bucco-labial or even anal erotism, they seem to be not only false but senseless. If on the other hand we begin with the study of genito-urinary connections, we may succeed in grasping his thought. Freud believes that in what should perhaps be called the genito-anal and the genito-buccal fields, he has discovered processes which are identical with the observations of the academic psychiatrists in the genito-urinary field. He asserts that the functional reciprocity and

¹ Havelock Ellis, S. S. P., III, i, p. 56, the reference is to Sérieux, *Recherches cliniques sur les anomalies de l'instinct sexuel*, p. 22.

² Havelock Ellis, S. S. P., I, i, p. 172.

inter-dependence between the genital organs on the one hand, and the urethra, anus and mouth on the other, is so marked that the generally accepted hypothesis of a mere coincidence is inadequate to account for the facts.

These reflections show that the study of the connections between urethral pleasure-sensations (a neutral formula which involves adherence to no particular theory) and genital sensations in the strict sense of the word, must be recovered from the neglect to which it has been consigned by most of the Freudians, who are interested only in anal and in bucco-labial pleasure-sensations. Here is a summary of one of Sadger's most remarkable cases. The patient was an obsessional thirty-two years old neurotic. He gave evidence of urethral erotism from the age of three. Urinary incontinence, which was one of his first symptoms, disappeared at the age of nine, when the patient became emotionally attached to one of the masters at his school, who was very particular in his personal habits, and whose cleanliness the boy wished to imitate. Later he married a girl who suffered from similar complaints. At each pregnancy she had an attack of so-called cystitis, with strangury and burning sensations, which began with the cessation of her menses and disappeared immediately after confinement. Two children were born to this neurotic couple. The little girl suffered from frequency and polyuria from birth. Remembering his own painful experiences, her father punished her severely, but without result. She passed water involuntarily whenever she was frightened or punished. Whenever she was frustrated, she urinated with rage. At the age of a year and ten months, she stood in front of her father and wetted her clothes with the shifty expression of a child masturbating. She showed her special affection for her father in a rather peculiar manner. When he was not at home she gave up these bad urinary habits some days after he had left. His return was the signal for their reappearance. If she knew of his return beforehand, she used to wet her bed the night before his arrival. At the age of three she had not yet learnt to control urination. She was forcibly kept sitting on a chamber, but without result. As soon as she had been dressed or put to bed, she soiled herself. Her father, like a true obsessional, kept a diary in which he made notes of his daughter's actions and behaviour, and most of it was devoted to an account of struggles "to keep her room and her bed clean." The little boy was only a year old at the time when Sadger was writing the case-history. At the age of three and a half months he had an erection whenever his mother washed his genitals; the slightest touch in this region caused him to laugh out loud and to evince great pleasure. At the beginning of his twelfth

month, his mother noticed that he masturbated. He refused to urinate by himself and wanted his mother to hold his penis. Repeated punishment was necessary to rid him of this bad habit. It was found impossible to inculcate clean habits of micturition and defæcation in him. Both his parents, too, had noticed that he had a marked preference for his mother and a frank aversion for his father.¹

Having given this account of the phenomena of the paradoxical hedonicity of the bucco-labial, anal and urethral zones, we must now proceed to hedonicity of the genital zone. Freud points out that in the child it "certainly does not play the main role, and cannot be the carrier of earlier sexual feeling."² Stimulation of this region has its origin either in micturition, or in washing, or in casual contacts. It produces a sensation of pleasure which the child tries to reproduce either by manual friction, or, in the case of little girls, by the motion of compression of the thighs. This pursuit of pleasure must be carefully distinguished from purely reflex reactions. Cruchet in particular violently reproaches Freud for confusing these two types of phenomenon.

I do not believe [he writes] in the mythical onanism in which certain nurses are said to encourage their charges, to send them to sleep or to prevent their crying; nor do I believe in true masturbation in the case of very small children. Erection of the male organ conveys to many people the completely false idea of onanism; in fact the male organ may be erected from birth by a number of different stimuli, among which friction counts for nothing; I have, for example, produced this symptom in a premature child of seven months while testing his patellar reflex. *True* onanism, therefore, must be contrasted with *false* onanism which is the only variety to be found until the age of five or six, and for which, in the case of boys, I have suggested the term *peotillomania*. This *peotillomania* has usually, as I have shown, no greater importance than that of trichotillomania or any of the other various tics and rhythmic habits of childhood. Children, indeed, very frequently play with their hair or their organs, or sway their head rhythmically from the neck, without our being able to define these actions as other than examples of the innumerable little motor habits of childhood, in which sexuality plays no part. *Peotillomania* is a simple tic, a mechanical habit, which is not at all dangerous to the organism; onanism, on the other hand, is the pursuit of a special sensation of sexual pleasure, the repeated

¹ I use here the summary of Sadger's article published in *The Psycho-analytic Review*, vol. v, Nos. 1 and 2, pp. 114-20, and 228-9. See especially pp. 228-9. Sadger's original memoir appeared in the second part of vol. ii of the *Jahrbuch für psychoanalytische und psychopathologische Forschungen*, pp. 409-50. (D.)

² T. C. S., p. 48.

gratification of which becomes, in the long run, mischievous and depressing for the subject. It seems all the more legitimate to dissociate these acts in view of the fact that they may exist independently, even after sensation has developed, i.e. at the age of five or six.¹

This quotation from Cruchet summarizes the position of Freud's opponents. Cruchet maintains that genital sensation, and consequently *true* onanism, does not exist before the age of five or six. He only mentions little boys, but I imagine he allows the same age limit in the case of little girls. In any case it is important to notice that Cruchet admits the existence of *physiological* sexual events from birth, for I cannot suppose that Cruchet would deny that erection (even purely reflex and with no pleasurable sensation) is a sexual phenomenon. But is it true to say that infantile sexuality is exclusively physiological, with no psychological concomitant? In academic works on sexual psychology we find instances which do not seem to admit of such an interpretation. Here are some taken from several different writers.

Townsend records the case of an infant, 8 months old, who would cross her right thigh over her left, close her eyes and clench her fists; after a minute or two there would be complete relaxation, with sweating and redness of face; this would occur about once a week or oftener; the child was quite healthy, with no abnormal condition of the genital organs.²

No doubt the objection may be raised that physiological signs, externally visible, never provide absolute proof of psychological phenomena. Descartes and Malebranche denied that animals possessed any psychic structure. But it is generally agreed that this is improbable. To consider the case described by Townsend as hedonistically neutral is to offer an interpretation of the same type as that which reduces animals to the level of simply reflex machines. Havelock Ellis, from whom I take Townsend's quotation, adds that the latter, in his work entitled *Thigh friction in children under one year*, *Annual Meeting of the American Pediatric Society, Montreal, 1896*, gives accounts of five other cases, all of little girls. The date of Townsend's publication shows that his investigation antedated Freud's. Havelock Ellis relates other cases, but without giving sufficient details to exclude Cruchet's interpretation of anhedonistic rhythmia.³

A remarkable case published by Féré in 1906 proves that in

¹ Cruchet, "Les erreurs et les dangers du freudisme," in *La Presse Médicale*, Feb. 26th, 1927, p. 258.

² Havelock Ellis, S. S. P., I, i, p. 179.

³ Havelock Ellis, S. S. P., I, i, pp. 238, 239, 246 (note 2).

certain subjects, genital sensations properly so called may exist before the age of five.¹ A man of thirty-two came to him as a patient, complaining of complete sexual impotence. This patient blamed his parents for his condition, since they had shown him a continual example of matrimonial discord, but he accused his cousins even more vehemently.

These cousins, who were about the same age as his parents, had a little girl who was born a few days later than the patient. From his earliest months he was made to play with this child; they learned to walk together. When he was barely three years old, his parents left him one day at his cousins' house; they made the two children play at husband and wife, and acted a marriage ceremony. He would seem to have been much affected by this make-believe. On his return home he could think of nothing else, and in bed at night he was surprised to experience an erection accompanied by a pleasurable sensation. He went to sleep dreaming that several people were lying beside him in bed; the figure of his little cousin appeared in his dreams. The memory of this was retained on waking, and he felt somehow shamed. The memory recurred almost every night, accompanied by genital stimulus, his erections were very strong and sometimes painful. He had never heard of the sexual function, but he experienced a feeling of vague shame, so that he was obsessed with the desire to be near his little cousin, but avoided touching her. Several times the prolonged touch of her hand or of some other part of her body caused an erection which he interrupted by running away in alarm.

He was six years old when his family moved to a neighbouring town, and he was sent to a boarding school. He did not see his little cousin again, but she was continually present to his mind, although without provoking any sexual excitement. It was several years before he saw the child again; then, at about the age of twelve, he started to see her again, about once a year, when he always experienced the same feelings. He had erections on these occasions only, and never at any other time. Some boys in the same school desired to fondle him but he indignantly rejected their advances; he was lacking in neither curiosity nor desire, but he felt an instinctive horror. Throughout his whole childhood he never experienced masturbation.

At the age of seventeen he was sent away to finish his education; he did not forget his cousin, and looked forward to his return in order to contrive a meeting.

A few months later he had arranged more definite plans, and intended to reveal his feelings to the girl. In the middle of these reflections, he received an invitation to his cousin's wedding.

He was terrified, and it seemed to him that life had slipped from his grasp. He did not feel rebellious, but he refused to attend the

¹ Féré, "Précocité et impuissance sexuelle," in *Annales des maladies des organes génito-urinaires*, vol. xxiv, 1906, pp. 111-12.

wedding. From that moment he could no longer bring himself to visit the family or even the district except when circumstances made it absolutely imperative, and even then he stayed as short a time as possible.¹

Later he suspected that his father had planned a marriage for him, and this idea caused him an obsessive horror to which he attributed the disappearance of

all sexual excitation, which he had experienced neither asleep nor awake since his cousin's marriage.²

When he came to consult Féré, several experiments with prostitutes and prolonged attempts at masturbation had failed to provoke the least sexual excitement. Féré succeeded in greatly improving his general condition, and in ridding him of his "neurasthenic" symptoms, but his impotence persisted.

This account is the more interesting in that it is given by a physician who is a complete stranger to the Freudian school. Unless we are ready to dispute the material facts, we must conclude that perfectly characteristic genital sensations may be produced very early in certain persons, in response to purely psychic influences such as amorous emotions. This is the remarkable feature of Féré's case. Many who are fairly ready to admit that local stimuli may provoke genital sensations in very young children, usually refuse to recognize that the complete sexual phenomenon, with both its sensory and affective components, may also be met with. Some writers point to the existence in children of emotions which they consider to be of a sexual nature, but they at once incur the objection that since these emotions produce neither genital reflexes nor sensations, they are simply affective. In Féré's case it is clearly impossible to have recourse to this classic objection. Either the fact must be denied, or it must be recognized that amorous emotions, in the exact meaning of the words, may occur in the case of very young children with such force that they provoke both genital reflexes and sensations.

We are far from *peotillomania*. Cruchet, I imagine, would answer the argument against his theory which can be drawn from such facts as those related by Townsend and Féré, by saying that he is aware of the existence of sexual precocity, but that it is quite exceptional. A supporter of Freud would reply that in view of the fact that Townsend managed to collect five cases of masturbation by thigh friction in girls of under one year of age, facts of this kind cannot exactly be called a rarity. He would add that the existence of cases of the type of Féré's, in which a tender emotion discloses its

¹ Féré, Art. cit., pp. 112-13.

² Féré, Art. cit., p. 114.

sexual quality by the production of genital phenomena, must induce critical minds to reconsider the theory which asserts the sexual neutrality, the purely affective character of tender emotions in the child. This appearance of sexual neutrality might in certain cases depend only upon the weakness of the genital apparatus proper, which hinders its reaction to an emotion which is none the less genuinely sexual.

We see that the discussion of genital sensations in the child has led us to touch upon the problem of amorous emotions in the young. Later on we shall consider this problem separately. Confining our attention, for the moment, to the question of genital sensations proper, we may very well adopt as a conclusion Dr. de Saussure's formula: "Between the cases which we may regard as normal and sexual precocity there is a series of intermediate cases which are not always easy to define."¹ Havelock Ellis is in general agreement with this. "There appears to be no limit," he writes, "to the age at which spontaneous masturbation may begin to appear."²

Freud distinguishes three phases in infantile masturbation. The first corresponds to the suckling period. The second is fixed at about the age of four. The third takes place at the time of puberty.³ Masturbation of the sucking period disappears fairly quickly. At about the fourth year it reappears following stimuli of central origin, and is frequently accompanied by disturbances of micturition.⁴ Freudians attach a special importance to this second masturbatory phase in the ætiology of the neuroses. As for masturbation at puberty, it has always been generally accepted.

Our study of pleasurable sensations produced by the erotogenic zones from earliest childhood permits us to understand why Freud asserts that the child is *polymorphously perverse*. One might sometimes be tempted to believe that Freud simply means to say that the plastic and indeterminate nature of the infantile psychism lays it open to any and every influence. Certain of Freud's followers have tried to associate themselves with this qualified interpretation of his teaching. We believe it to be inaccurate. A careful reading of Freud shows that his thesis is much more radical. The realism which directs his imagination scarcely allows him to find a place in his system for the notion of indeterminacy. Thus he writes, for example, in the analysis of Dora:

Each one of us in his own sexual life exceeds—to a slight extent—now in this direction, now in that—the narrow limits of normality. It is an example of the pathetic fallacy to consider perversions as

¹ de Saussure, M.P., p. 42.
³ T. C. S., p. 49.

² Havelock Ellis, S. S. P. I, i, p. 238.
⁴ T. C. S., pp. 50-1.

bestial or degenerate. They are a development of germs all of which are contained in the undifferentiated sexual predisposition of the child, and which, by being suppressed or by being diverted to higher, asexual aims—by being *sublimated*—are destined to provide the energy for a great number of our cultural achievements. When, therefore, anyone has *become* an unequivocal and overt pervert, it would be more correct to say that he has *remained* one, for he exhibits a certain stage of inhibited development.¹

Freud expresses himself still more plainly in the *Three Contributions* :

... the idea forced itself upon us that the disposition to perversions is the primitive and universal disposition of the human sexual impulse, from which the normal sexual behaviour develops in consequence of organic changes and psychic inhibitions in the course of maturation.²

(ii) *Sexual Emotion and Research*

Excitation of the erotogenic zones belongs to the category of internal sensations. Tendencies of a more highly psychic quality, quite distinct from pleasurable sensations, are to be found in infantile sexuality. They may be divided into two classes: *amorous sentiments* and *partial tendencies*.

Amorous sentiments, in the exact meaning of the word, must be carefully distinguished from simple affection. No one has ever denied that the child is capable of affection. But Freud raised the whirlwind when he maintained that amorous sentiments were admixed with these affectionate sentiments.

In order to justify his assertion, Freud relied not only on his own researches, but also on those of Sanford Bell,³ an authority whose work has received little or no attention from French writers on psychoanalysis. Bell made a personal study of 800 cases, and by means of the questionnaire method he was able to study a further 1,700. These 1,700 cases have been recorded by 360 correspondents, 355 of whom have submitted personal evidence of attraction felt during childhood for someone of the opposite sex, either of the same age or older. Five declared that they had no such memory. Bell's 360 correspondents investigated 1,340 cases of other persons, and Bell stresses the importance of the system of mutual reference thus established between the introspective and the objective methods. His enquiry

¹ D., p. 62.

² T. C. S., p. 87.

³ P., p. 208; cf. Sanford Bell, "A Preliminary Study of the Emotion of Love between the Sexes," in *American Journal of Psychology*, vol. xiii, July, 1902, pp. 325-54.

led to the conclusion that sexual love makes its appearance before adolescence. He distinguishes two stages: the first between the years of three and eight, and the second between the years of eight and fourteen. From three to eight the manifestation of the sentiment takes the following form: the boy and girl embrace and kiss each other, lift each other up, sit side by side, seek each other's company to the exclusion of others, are sad at parting, exchange little presents, show jealousy, etc. Bell dogmatically asserts that these manifestations have their origin in the sexual instinct. At once the vexed question arises, what means have we of distinguishing sexual emotions from emotions which are simply affective? We said earlier that the test was an *intrinsic* power of releasing genital reflexes and genital sensations. But a power cannot be apprehended independently; its existence may only be deduced from the sum total of cases in which the supposed cause and the supposed effect are found in unison, so long as the conditions of study of the case allow the exclusion of the coincidental hypothesis. Now Bell recognizes that as a general rule genital reactions are completely absent in cases of affective fixation between children of opposite sex less than eight years old.¹ The cases which he records bear no resemblance to the case published by Féré. It appears that in asserting the sexual character of the feelings which he has studied, Bell relies primarily on the fact that these feelings are exhibited between boy and girl. He says nothing of the more or less passionate friendships between children of the same sex. If these are taken into consideration, two alternatives arise: either we may admit (this is the Freudian solution) that children are psychically bisexual, and feel homosexual love just as they feel heterosexual love; or else we may choose the simpler solution, believing that the feelings which they display are not derived from the sexual instinct.

In making these comments we have no intention of taking sides, but only of stating the problem exactly. In order that the reader may form his own opinion, we shall quote one or two of the most typical from among the cases of children under eight years old published by Bell.

Case No. 5. Boy, aged 3. Girl, aged 3. My nephew of three manifested an ardent passion for a small girl of about the same age. He followed her about with dog-like persistence. Being an only child, he was very selfish, never sharing anything with other children. But Bessie became the recipient of all his playthings. His hoard of treasures was laid at her feet. Nothing was good enough for her, nor could he be dressed fine enough when she was around. On one

¹ Bell. art. cit., p. 393.

occasion, a large boy picked Bessie up to fondle her, whereupon her jealous lover seized a hatchet and attacked his rival. He imperiously demanded a dollar from me one day in order that he might buy Bessie and have her "all for his own." He is now six and loves her as much as ever.¹

Each must decide for himself whether it is probable that cases of this kind should or should not be attributed to the sexual instinct. A Freudian would be certain to add that no one finds the least difficulty in admitting that the maternal instinct is already to be found in little girls, that it is at least curious that that instinct should be more precocious than the sexual instinct, and that the general belief in this single exception is probably due to some æsthetic or ethical prejudice.

According to Sanford Bell, the second stage of affection between children of different sex covers the period between the ages of eight and fourteen. It is characterized by the appearance of timidity and by the inhibition of the spontaneous manifestations of the preceding period. Here are two typical cases from among the thirteen cases of this group which Bell has published.

Case No. 2. In a case that continued from seven to thirteen the writer says: "I wanted to stand by him in his game, but would never make the effort to get the situation—although it always came about. He sent me very pretty valentines, but was very careful that I should not find out who sent them. When we met on the street we would both blush, and a strange feeling would possess me that I did not have on any other occasion. My bliss was complete when I was walking down the street and he overtook me—although we could say nothing to each other."

Case No. 3. Boy, aged 9. Girl, aged 11. Boy very much annoyed by the fact that the girl was two years older. He thought that the husband ought always to be older, and "looked forward to the time when I should make her my wife. It was in secret, however, and I was always fearful lest some one should find it out. The girl probably never bestowed a thought upon me. I was very shy in her presence, and if she spoke to me or addressed me in any manner my tongue clove to the roof of my mouth, making it almost impossible for me to answer. I dreamed about her night after night, and upon hearing her name mentioned I would become confused and nervous." This continued from nine to fifteen, and developed into a genuine case of adolescent love.²

These cases give some idea of Sanford Bell's inquiry. It is much to be regretted that this psychologist has not published all the

¹ Bell, art. cit., p. 335.

² Bell, art. cit., p. 345.

material he has collected; his article announced a sequel which has not, so far as I know, ever appeared.

Freud and his followers have published many cases of amorous sentiments in children, but we have preferred to quote a pre-psychanalytical authority.

Freud believes that besides amorous sentiments in the strict sense, various *partial tendencies* may be discovered in the child. These *partial tendencies* must not be confused either with pleasurable sensations or with amorous sentiments. They are impulses towards visual pleasure (active as well as passive), and to cruelty (sadism and masochism). Unfortunately Freud's translators sometimes use the expression *partial tendencies* to denote pleasurable sensations of the erotogenic zones, which gives rise to much confusion.

Psychiatrists prior to Freud or outside his school record fairly numerous instances of sexual perversion starting in early childhood. But the interest of these authorities is almost exclusively centred on cases in which the anomalous condition persists. Havelock Ellis was one of the first to seek to obtain a faithful and detailed account of the stages of their sexual development from persons whose adult sexuality was normal. In Appendix B of his work entitled *The Sexual Impulse* he has published twelve cases of this kind, two of which, as he himself recognizes, must be eliminated, since they concern abnormal persons. Others too might have to be eliminated, but however that may be, we are here concerned to establish that in two of Havelock Ellis's cases, which show no sexual anomaly in the adult state, sexuality began in childhood with sadistic or masochistic impressions. In History No. I:

T—'s earliest recollections of ideas of a sexual character are vaguely associated with thoughts upon whipping inflicted on companions by their parents, and sometimes upon his own person. About the age of seven T— occasionally depicted to himself the appearance of the bare nates and genitalia of boys during flagellation. Reflection upon whipping gave rise to slight curious sensations at the base of the abdomen and in the nerves of the sexual system. The sight of a boy being whipped upon the bare nates caused erection before the age of nine. He cannot account for these excitations, as at the time he had not learnt the most rudimentary facts about sex.¹

In History No. 3 similar facts of the same kind are to be found, but later and less clear.

Havelock Ellis's cases come midway between those of the academic psychiatrists and those of the psycho-analysts. The latter stress the frequent occurrence of infantile manifestations of *partial*

¹ Havelock Ellis, S. S. P., I, ii, App. B., p. 279.

tendencies in persons of normal adult sexuality. In cases in which a perversion persists in adult life, they firmly maintain that a fixation has taken place, due to psychic traumata and to acquired factors of various kinds, instead of following their academic predecessors in attaching importance only to causal processes involving heredity and degeneracy, which leads to the profession of the doctrine of the incurability of sexual anomalies, and to the practice of "expectant treatment." Psycho-analysts, on the other hand, believe that sexual perversions may be attacked, improved, and even sometimes cured. Freud's earliest pupil, Sadger, was one of the first to direct his attention towards the cure of perversions by psycho-analysis. Here are two much abbreviated cases quoted from Dr. Hesnard. They seem to us interesting, not only from the aspect of sexual precocity, but also from that of the important causal part played by acquired factors in the genesis of perversions.

A distinguished artist told me that his first erotic experience was a strange and powerful impression of acute pleasure suddenly experienced, at the age of five and a half, on striking a little girl younger than himself, and on comforting her immediately afterwards. The impression was so delightful that he sought later to renew it on every possible occasion. The same patient (long before he had the slightest idea of the special function of the organs of generation) used to lie at full length on top of his little girl friend until she cried out, whereon he experienced extreme pleasure.

Another patient, aged four, felt irresistibly drawn to expose the nakedness of his friends, and invented all sorts of ingenious and subtle means of contriving this. His greatest pleasure was to peep at the private parts of children younger than himself uncovered for the performance of natural functions. At the age of five, having playfully tried to satisfy his curiosity on the person of an older cousin whom he treated as a brother, he was met with an indignant and brutal rebuke. Ever afterwards he remained shy of any definite form of sexuality, and ashamed of everything which recalled to him his early desires. Even when he grew up, his most violent sensation of pleasure lay in timidly exposing himself before a young child (exhibitionism), or even, *faute de mieux*, in deliberately using his imagination to picture himself performing some erotic action in front of some young spectator of his own sex.¹

Infantile sexuality does not simply imply pleasurable sensations (erotogenic zones) and emotions (amorous sentiments and partial tendencies); its influence extends even to the intelligence properly so called. Freud has in several passages referred to the child's infantile curiosity with regard to sexual problems. The first question

¹ Hesnard, V. M. I., pp. 40-1.

which troubles him is not to know the difference between the sexes. It is the birth of a little brother or of a little sister, which leads him to ask whence this new member of the family comes. On this subject the child constructs a number of theories which Freud has studied in detail under the name of *infantile sexual theories*. A first group of theories is simply concerned with birth. The child supposes that birth takes place through the anus or through the navel, or that an incision must be made.¹ The problem of birth being thus settled, there arises the new question, what is the part played by each parent in children's coming into the world? Freud points out that the male child has often seen no other genital organs but its own, and must necessarily suppose that both sexes are anatomically identical.² This mistake clearly bars the way to any true understanding of sexual relations. The child imagines, for example, that impregnation in the mother is the result of taking certain food or drink. Other psycho-analysts have indicated other more or less strange theories. If by chance the child witnesses sexual connection between his parents, he does not understand its significance intellectually, but usually regards it as an act of brutality. But while his intelligence may have strayed on to the wrong track, there is none the less a risk that his sexual instinct may be prematurely stimulated and sometimes even diverted towards sadism.³

Children's questions relating to sexuality are often very badly received by their parents. The different forms of sexual intimidation of children have been collected by Freud and given the name of *castration complex*. The most important section of these is that of parents' or guardians' threats in connection with masturbation. Mme. Morgenstern has published a very interesting case of psychogenic dumbness. A child of nine and a half called Jacques R—, with a bad family history, was brought to Dr. Heuyer. He had not spoken to his father for a year, and had not uttered a word for the last four months. Mme. Morgenstern was able to decipher his psychic conflict by means of the drawings which he made of his own free will. Asked to explain by a drawing why he did not speak, Jacques drew a castration scene. It must be noted that in the earlier sessions the psycho-analyst had taken care not to direct her young patient towards sexual subjects. At the end of three months' treatment the child, freed from his anxiety,⁴ began again to speak normally.

Here is another case of castration complex published by Stekel.

¹ T. C. S., p. 55.

² T. C. S., p. 54.

³ T. C. S., p. 55.

⁴ Sophie Morgenstern, "Un cas de mutisme psychogène." in *Revue de Psychanalyse*, vol i, No. 3, pp. 492-504. Reproductions of the child's drawings are given at the end of the article.

A boy of ten had been put into a plaster jacket for spinal tuberculosis. At first he bore the treatment well, but within a few days he began to experience crises of anxiety at night. Organic causes were naturally suspected at first. His jacket was opened, his nasal passages examined, and his stools investigated for worms. Later Stekel learnt that the child was a frequent masturbator, and that some days previously his father had caught him in the act. Taking a large knife from his pocket, he had said to the boy: "If you do that again, I will cut off the 'thing' with my knife." A frank explanation, and the removal of his bed from his parents' room were enough to calm the unhappy child.¹

Freud believes that a castration complex may be formed without a psychic trauma of the kind experienced by Stekel's patient, simply by comparison of the genital organs of the two sexes when the child has an opportunity of seeing them. The little boy finds it easy to believe that the little girl is a castrated boy. The girl herself may make the same mistake and ardently desire to possess the member of which she believes herself to have been artificially deprived. These assertions of Freud have been subjected to much ridicule, but the "desire for the penis" has been noticed in certain cases in women by observers outside the Freudian fold. Havelock Ellis, for example, who has never subscribed to orthodox Freudianism, has published a very complicated case of sexual perversions in a woman. Here is a verbatim quotation of some of his patient's admissions:

"My earliest ideas of the superiority of the male were connected with urination. I felt aggrieved with Nature because I lacked so useful and ornamental an organ. No teapot without a spout felt so forlorn. It required no one to instil into me the theory of male predominance and superiority. Constant proof was before me.²

In this case there is certainly "desire for the penis," but strictly speaking there does not seem to be a "castration illusion." But in the case of a girl of thirteen, published by Zulliger, the "castration anxiety" appears very clearly.

Anna was full of fantasies as to how little girls are made, fantasies which are far less rare than we suppose: she imagined that only male children were born into the world, and thought she had the proof of this in the person of her little brother. She believed that either the doctor or the midwife or the parents changed little boys into little girls by cutting off their sexual organs. "Little girls have had their sexual organs cut off," she explained, and at the words she burst

¹ Stekel, C. N. A., p. 153.

² Havelock Ellis, "The Mechanism of Sexual Deviation," in *The Psycho-analytic Review*, vol. vi, No. 3, July 1919, p. 235.

into tears, so that it was easy to see that was thinking of herself, and that the thought pained her terribly.¹

(iii) *Accessory Causes of Sexual Excitement*

As we have seen, Freud distinguishes two main types among the principal causes of sexual excitement—pleasurable sensations of the erotogenic zones, and sexual emotions. In addition to these principal causes he allows for various causes of secondary importance. Many psychiatrists prior to him had already pointed out the facts which he investigates, but, as we shall see, in describing the secondary causes of sexual excitation, the pre-Freudian writers took up a position which Freud undertakes systematically to oppose.

Jerky and rhythmic movements of a mechanical order can be sexually exciting. Havelock Ellis points out that Catholic casuists have long been aware that riding may stimulate nocturnal pollution.² The same writer adds that the motion of a railway train may also cause a certain sexual excitement.³ Freud reviews these data from the point of view of infantile sexuality, and regards them as responsible for various phobias which at first seem incomprehensible.⁴

Muscular activity, and especially wrestling, may give rise to sexual excitement.⁵ Here again Freud merely takes up a theory which Havelock Ellis has developed.⁶

Emotions of many very different kinds, which cannot be classed either as amorous sentiments or as partial tendencies, may on occasion release sexual excitement.

Through contemporary observations [writes Freud] as well as through later investigations, it is easy to ascertain that all more intensive affective processes, even excitements of a terrifying nature, encroach upon sexuality; this can at all events furnish us with a contribution to the understanding of the pathogenic action of such emotions. In the school child, fear of a coming examination or exertion expended in the solution of a difficult task can become significant for the breaking through of sexual manifestations, . . . inasmuch as under such excitements a sensation often occurs urging him to touch his genitals, or leading to a pollution-like process with all its disagreeable consequences.⁷

These facts have long been known, and have been noted by many psychiatrists and neurologists, especially with reference to anxiety

¹ Zulliger, "La psychanalyse et les écoles nouvelles," in *Revue de Psychanalyse*, vol. ii, No. 4, p. 746.

² Havelock Ellis, S. S. P., I, i, p. 175.

³ Havelock Ellis, S. S. P., I, i, p. 176.

⁴ T. C. S., pp. 61-2.

⁷ T. C. S., p. 62.

⁴ T. C. S., pp. 60-1.

⁶ Havelock Ellis, S. S. P., I, i, p. 175.

or "neurasthenic" cases. But we must add that apart from the Freudians, hardly anyone has studied them in children.

Lastly let us point out that intellectual work may be a cause of sexual excitement. The reverse connection had already been observed by Brown-Séquard in 1889. He considered that a certain amount of sexual excitation assisted intellectual work. Janet mentions in passing the case of a poor man who thought he was a poet and who was addicted to practices of this kind.¹

The chief contribution of Freud and his disciples to the question of the accessory causes of sexual excitement has been to show the existence of processes of this kind in children who have not later developed abnormalities of the sexual instinct, or who have only developed such abnormalities by reason of acquired factors, not as a consequence of a hereditary or degenerate disposition. At first sight the cases of sexual disturbances in childhood recorded by the psycho-analysts are similar to those of any other writer—such as Féré, Havelock Ellis, Moll, etc. But if the publications of the Freudians are carefully compared with those of their predecessors, their intellectual orientation is seen to be altogether different. As Nathan very justly observes, the theory of degeneracy "ended in the negation of all positive methods of therapy."² "Before Freud appeared on the stage," writes Wittels in his turn, "the scientific explanation of neurosis was that it was all due to heredity and degeneration. The influence of heredity is undeniable, but the admission of this fact does not help us to cure our patient."³ We may ask ourselves whether psycho-analysis has succeeded or failed, but no one can deny that it has attempted something in a field in which the academic psychiatrists did nothing at all.⁴

(iv) *The Stages of Infantile Sexuality*

Freud has not been content with a separate study of pleasurable sensations, sexual emotions and the accessory causes of erotic excitement; he has sought to determine the exact order of appearance of the various psycho-sexual phenomena. Psycho-analysis is above all a historical reconstruction of the stages of instinctual evolution in individuals. Later Freud summarized the results of his researches in a general formula (frequently modified) which we shall proceed to state.

At the beginning there is the *oral* phase, characterized by the

¹ Janet, O. P., vol. ii, p. 136. ² Nathan, *Les psychoses inévitables*, p. 5.

³ Wittels, F., p. 122.

⁴ It must nevertheless be recognized that, prior to psycho-analysis, some attempts had been made to treat sexual abnormality. (D.)

predominance of bucco-labial pleasurable sensations. This is followed by the *anal*, or *anal-sadistic* phase. Freud calls both these phases *pregenital*; they are both *auto-erotic*.¹ Then comes the *genital* or *phallic* phase.

Freud has not always given a consistent description of the transition from *auto-erotism* to *allo-erotism*, or *hetero-erotism*. At first he limited himself to the statement that the instinct, confined at first to the pleasurable sensations proceeding from the erotogenic zones, later became capable of yielding to the more highly psychic attraction of an exterior object. Owing to a number of considerations, which may only be discerned with difficulty, Freud modified this formula by inserting an additional phase—the *narcissistic* phase.

Narcissism, which was first described by Havelock Ellis and by Naecke, is a sexual perversion whereby the subject is in love with his own body. It must be carefully distinguished from auto-erotism. The manifestations of auto-erotism are internal pleasurable sensations. The manifestations of narcissism are principally emotions and feelings which may indeed result in masturbatory practices.

Here is an extract from the report of one of Dr. Hesnard's cases, which supplies a good definition of narcissism. The patient was a young man of eighteen suffering from a feeling of depersonalization.

Once he had discovered solitary pleasure, he gradually acquired it as a habit, conjuring up various images concerned with the female organs, but never complete sexual images, modelled on the full living reality. To this he later linked a pleasure based on a kind of perverse sensual enjoyment of his own body, taken as an object. The contemplation of his own nudity and self-administered caresses led him to enjoy an egoistic pleasure by standing in front of mirrors, and this self-exhibition led him to the practice of associating voluptuous sensation with the spectacle of his own body. Thus cultivated, his sexual tastes remained concentrated upon himself, instead of being directed towards sexual contacts with women. At the same time he became over-particular in dress, pre-occupied with the least details of his hats, ties and coats, and showed an exaggerated anxiety about the elegance of his costume, not in order to impress women—to whom he dared pay no attention, and in whom furthermore he had no real interest—but in order that he might instinctively realize his sensual, almost passionate admiration of his own physique more fully. At the same time, too, he became—somewhat surprisingly—excessively chaste (except, of course, with himself), exaggeratedly prim and also extremely shy, blushing when women looked at him with interest, and experiencing a kind of anxious, unaccountable fright instead of his former secret pride.

¹ T. C. S., pp. 57-8.

Though pleasant at first, this sensual self-worship, this physical narcissism became at times an anxiety-ridden necessity, and later, when he felt remorse at this refinement of solitary pleasure, at this lonely passion, it turned into a painful obsession against which he maintained a continual struggle, indulging, for instance, in the contemplation of his naked self before his mirror, and then contriving to resist the impulse to end this æsthetic experience by a thoroughly vulgar solitary act.¹

According to Freud's altered formula, infantile sexuality would appear to pass through the following phases: oral erotism, anal erotism, genital or phallic erotism, narcissism, and hetero-erotism.

Freud has likewise changed his views on the time at which hetero-erotism, the choice of an external object, makes its appearance. He began by admitting that the choice of the object was always a late development, and later he admitted that it was accomplished in two stages. A first drive between the years of two and five would seem to tend towards a truly sexual choice, but usually lacking in genital effect. A second drive seems to start at puberty, and to lead to the normal sexuality of the adult.² This appears to be characterized by the fusion of the sexual emotions and the genital sensations.

The postulation of sexual choice in early childhood leads to Freud's celebrated theory of the existence of the Œdipus complex in all children, normal as well as neurotic.

The Œdipus complex has given rise to endless discussion. In order to throw some light upon this vexed question, we may reasonably distinguish two types: the genital complex and the sexual complex.

The genital Œdipus complex is an affective fixation of the male child to its mother, combined with more or less definite pleasant sensations of the genital zone. This affective fixation to the mother is accompanied by hate and jealousy towards the father. Cases of this kind have been described not only by psycho-analysts, but by doctors who have never subscribed to orthodox Freudism.

Professor Claude and Dr. Laforgue have published a case of Œdipus complex in a child of eleven, in which there are obvious genital reactions.³

¹ Hesnard, "La signification psychanalytique des sentiments dits 'de dépersonnalisation,'" in *Revue de Psychanalyse*, vol. i, No. 1, p. 95.

² T. C. S., p. 59.

³ This case-history was published, as that of André B., by Claude and Laforgue in their article "Sur la schizophrénie et la constitution bipolaire du caractère schizoïde," in *L'Evolution psychiatrique* (old series), vol. i, pp. 27-37 and as that of Jean B. by Laforgue and Allendy in their book, *La psychanalyse et les névroses*, pp. 34-6.

André B. could not bear separation from his mother, even for a few minutes' visit to the next room. He had a violent fit of jealousy whenever his mother spoke to anyone else. He became so excited that his mother had to give up going out. At the end of seven sessions of analysis he explained that he felt a continual urge "towards ladies." Every time he found himself in the presence of a woman, he began to tremble, he clapped his hands, made a special sound, and finally made a rush at the woman, caressing her and embracing her arms, pressing himself against her and making masturbatory gestures. He related that in the course of a scene of this kind "he felt himself impelled to touch the woman's sexual organs, her '*binet*' (from the French word *cabinet*, i.e. 'water-closet'), the expression '*binet*' meaning in his language the region of the legs and of the genital organs. He thought it must be the devil who urged him to do this; the impulse was uncontrollable, especially when he felt any doubt of his mother's love for him. 'For,' he said, 'one may grow tired of a doctor, but never of one's mummy.' Then followed a great scene to know whether his mother really loved him or not, whether he could or could not force her to love him, and so on—with one important point: he wanted her to caress him as he himself desired to caress her: 'kissing, yes, and touching the *binet*.' This powerful affectivity exhibited towards 'ladies' in so positive a manner, was translated negatively towards men by a cold and icy hostility. Later he admitted that he entertained frequent ideas of suicide, owing to the violence of his impulse to injure his father."¹ Analysis succeeded in reducing the majority of the various morbid symptoms (which we have not described), and effected a great physical as well as psychological improvement in the little patient's condition, without however completely eradicating certain signs of excessive emotionalism.²

Here is another example of the genital Œdipus complex, recorded by Dr. Parcheminey. The patient was a neurotic man aged thirty, suffering from various sexual troubles.

At the age of eight he had seen his mother naked, experienced sexual excitement, and masturbated with the scene in his mind. Until the age of fifteen he slept with her; at night while she was asleep he used to rub his penis against her thighs, but he said that his mother always used to move away at the moment when he was about to obtain satisfaction. He declared that he hated his mother. His sexual impulses disgusted him, and he expressed a desire to be castrated. He showed himself perfectly indifferent on the death of his father.³

¹ Claude and Laforgue, *Art. cit.*, pp. 29–30.

² Claude and Laforgue, *Art. cit.*, p. 28.

³ *Revue de Psychanalyse*, second year, No. 3, p. 569.

In 1923, Claude, Fribourg-Blanc and Ceillier reported to the Psychiatric Society a case of the Œdipus complex in a young soldier.¹

Generally speaking, most of the cases of the Œdipus complex published by psycho-analysts show no genital reactions. They therefore raise the difficult question, how can we know that a given case involves a sexual complex and not simply an affective complex? Psycho-analysts give no very clear answer to this question. They generally put forward arguments such as the following: The choice of a sexual object is often conditioned by the type of the mother. Interpreting this conditioning in terms of strict continuity, they conclude that the affective fixation to the mother was of a sexual nature.² In other cases, attachment to the mother inhibits normal sexual development. When this filial feeling is reduced to its proper proportions, sexual maturity may be attained. Orthodox Freudians conclude from this that since the filial feeling took the place of normal sexual development, it must have been more or less impregnated with sexuality.³ The psycho-analyst Pfister (though approved of by Freud, who wrote the preface to his book) makes very serious reserves on the subject of the Œdipus complex. In his view, the Œdipus complex is not to be found in all neurotics. Even when a neurosis exhibits unquestionable Œdipus elements, we may question whether their sexual character goes back as far as childhood, and whether sexual desires of later development have not given a retrospective sexual colour to a fixation which was originally simply affective.⁴ I should add that, to my knowledge, Pfister is the only Freudian to make these distinctions. All the others assert without compromise that a *sexual* Œdipus complex is present in all little boys.

In his latest publications, Freud has considerably modified his conception of the Œdipus complex. Under the influence of the idea of the primitive bisexuality of the human race, he comes to admit that usually

a boy has not merely an ambivalent attitude towards his father and an affectionate object-relation towards his mother, but at the same time he also behaves like a little girl and displays an affectionate feminine attitude towards his father, and a corresponding hostility towards his mother.⁵

¹ Claude, Fribourg-Blanc and Ceillier, "Syndrome obsessionnel-polymorphe avec complexe d'Œdipe et troubles d'équilibre vago-sympathique," in *Annales Médico-Psychologiques*, 1923, part i, pp. 448-62.

² T. C. S., pp. 82-3.

³ T. C. S., pp. 80-1.

⁴ Pfister, P. M., p. 165.

⁵ E. I., pp. 42-3.

This complicated hypothesis of the presence in every subject of two heterosexual components (positive and negative) and of two homosexual components (positive and negative), has naturally provided Freud's opponents with grounds for rejecting his conception as absurd, and for drawing the simple conclusion that the child simply has a highly changeable affective attitude towards both father and mother.

So far we have only been considering the case of the boy. The Freudians admit the presence of an Electra complex, parallel to the Œdipus complex, in the girl. If we allow the theory of the Œdipus complex of four components, the Electra complex will naturally be contained in it.

As a general rule, the Œdipus complex seems to be "resolved" at the moment when the latent period begins to set in, under the influence of the castration complex. In his later publications Freud has devoted much speculation to the traces left by the Œdipus complex as it disappears. Later we shall return to this question.

IV. The Changes of Puberty

Many authorities hold the view that puberty is the period at which the sexual instinct makes its appearance. Clearly Freud cannot accept such a definition. In his view, puberty is the time at which the sexual instinct reaches its final stage of development. This maturity of the instinct may be regarded as an integration: the different components of sexuality are united in a single whole; the pleasurable sensations of the erotogenic zones, no less than the sexual emotions and the partial tendencies, are subordinated to the primacy of the genital zone.¹

The genital zone, hitherto capable of incomplete reactions only, now becomes able to fulfil its function integrally. This function is accomplished, one may say, in two stages: sexual tension followed by relief. Freud has paid very little attention to the physiological aspect of the problem; from the psychological point of view, he considers its solution very difficult. The truth is that he raises the inevitable question discussed by all philosophers, at least since Plato, of the relation between desire and pain. On the one hand, sexual tension is undoubtedly a pleasure; on the other hand, from the very fact that it demands a modification of the situation, it seems that it ought to be considered as a displeasure.² The same difficulty is to be found in the psychological analysis of all bodily needs. Freud refuses to offer any solution to the general philosophical problem of the rela-

¹ T. C. S., pp. 66-7.

² T. C. S., pp. 67-8.

tion between the desire and the disagreeable. Confining his attention strictly to the sexual instinct, he makes a sharp distinction between preliminary pleasure and the pleasure of satisfaction. Preliminary pleasure is related to an erotogenic zone, and constitutes the first stage. It produces a characteristic effect, viz. an increase of sexual tension, which is the second stage. Finally relief of the latter takes place, giving rise to the pleasure of satisfaction, which is the third stage.

We may see how Freud's formula differs from those put forward by other writers. Moll divides the sexual instinct into the instinct of contraction (contact) and the instinct of detumescence.¹ Havelock Ellis criticizes Moll's formula, and proposes to replace it by another, likewise divided into two components, tumescence and detumescence.² Neither of these analyses provides any answer to the psychological problem of the relation between desire and displeasure. Freud has devoted his attention to this very point. The principal feature of his solution consists in the duplication of the paradoxical phase of agreeable tension. It must be divided into two distinct stages, the one of pleasure, and the other of tension, the first of which releases the other while remaining distinct from it.³ Here Freud makes use of his conception of the erotogenic zones. He believes that this much-disputed and much-ridiculed idea provides him with a tenable solution to a problem which has divided psychological thought throughout the ages. In his view, the formula of the complete sexual act, seen from the psychological point of view, is reducible to a tension set up between two pleasures, the preliminary pleasure, and the pleasure of satisfaction.

These two pleasures, which follow each other in rapid succession when the complete sexual act is accomplished in the adult, are formed at different periods in the development of the individual. As we have already pointed out, the preliminary pleasure corresponds to infantile sexuality, but in infancy it is isolated and rudimentary, and incapable of giving rise to sexual tension and the pleasure of satisfaction.⁴ The two latter become capable of realization at puberty. It is then that adult sexual functioning becomes possible, by means of the synergistic action of these various components. Freud's conception of the evolution of the sexual instinct is very similar to von Monakow's theory of the "brick by brick" development of the instincts in general and of the sexual instinct in particular.⁵ But von Monakow does not admit Freud's interpretation of

¹ Havelock Ellis, S. S. P., I, ii, p. 21.

² Havelock Ellis, S. S. P., I, ii, pp. 22-65.

³ T. C. S., p. 69.

⁴ T. C. S., p. 69.

⁵ von Monakow and Mourgue, I. B. N., p. 79.

the sexual function of the erotogenic zones, and allows only genital sensations properly so called, and the more highly psychic amorous emotions, a place in the sexual field. His evolutionary formula is limited to the isolated appearance, "brick by brick," of genital sensations and amorous emotions, followed by their integration at the time of puberty.

Freud, who never loses sight of the fundamental homogeneity of the normal and the abnormal (since the latter can never be a creation *ex nihilo*), indicates the isolated and precocious appearance of preliminary pleasure as a possible basis for various perversions. If this pleasure develops autonomously and intensely, there takes place a fixation, or arrested development of the instinct considered from the point of view of its integration, and excessive development of the component which has been too early and too intensely aroused.¹ Freud holds that in normal development this danger is eliminated by the subordination of the erotogenic zones to the genital zone, which, although it does not attain its full development till puberty, exists sketchily much earlier.²

Preliminary pleasure is only the stimulus of sexual tension, and remains distinct from it, so that the question of the intrinsic nature of sexual tension now arises. Some writers, such as Féré, have regarded sexual tension as dependent on the accumulation of genital products. This is the mechanical conception of sexual tension.³

Freud criticizes this theory as applying only to man and not to woman. He adds that moreover it gives no explanation of the cases in which a certain degree of sexual tension is found in the castrated male or in the child. If we reject the mechanical theory, we are led towards a chemical (or perhaps preferably, a bio-chemical) theory. Relying on the works of Steinach (he does not quote Ancel and Bouin), Freud subscribes, with some reserve, to the *interstitial* theory.⁴

But he is not interested in this theory for its own sake,⁵ considering it merely as a stand-point from which he may develop his own personal ideas of the *libido*. We have already had occasion to give some indication of the Freudian conception of *libido* when dealing with the theory of *double function*. The different parts of Freud's systematic arrangement of sexuality are interdependent, so that it is almost impossible to state them separately, or to draw the framework line by line. Freud gives no direct demonstration, but presents a hypothesis whereby perversions, infantile sexuality, and the

¹ T. C. S., p. 70.

² T. C. S., pp. 70-1.

³ T. C. S., pp. 71-3.

⁴ Cf. on this point Dumas, "Les Besoins," in *Journal de Psychologie*, vol. xxv, 1928, pp. 370-80.

⁵ T. C. S., p. 74.

pubertal phenomena, may be unified and co-ordinated. We may say that he adopts a circular method, whence his adversaries conclude that his fundamental logical process is the vicious circle. His supporters reply that fertile scientific hypotheses have never been discovered by strictly logical processes, and that all that can be asked of science is to "save the phenomena." The Freudian hypothesis of the *libido* consists in postulating the existence in the organism of a certain sexual energy (probably of bio-chemical origin) distinct from the psychic energy in general. It is this latter meaning (i.e., psychic energy in general) that Jung gives to the word *libido*, since his separation from Freud.¹ It is important to make a careful distinction between the two psychologists' conceptions. The *libido* in Jung's sense might better be known by Baudouin's term *affective potential*,² and the word *libido* used only in the Freudian sexual sense. These verbal distinctions would eliminate much confusion of thought. The Freudian libido, or sexual energy, may undergo *displacement*. At the start, in the three phases of oral, anal and phallic auto-erotism, and later in the more highly psychic phase of narcissism, the libido is fixated on the subject. Later it is detached and directed on to an external object. Thus the Freudians contrast *subjective libido* with *object-libido*. But when the libido has reached the hetero-erotic stage, it may be detached from the object and regress to the subject. The Freudians contrast this secondary and regressive narcissism with primary narcissism.³ The libido not only alternates between subject and object; it alternates likewise between more or less high psychic levels, and provides material for genital or extra-genital sexual sensations, as well as for the more highly psychic sexual emotions. We may say that the theory of the libido is the centre of *Freudism*, a speculative construction, a true metaphysic of sexuality, which we must carefully distinguish from *psycho-analysis*, which is a technique for exploring the unconscious. Freudism is a dogmatic system, whereas psycho-analysis is a method.

The changes of puberty do not take place in the same manner in both sexes. Freud is of the opinion that infantile sexuality is fundamentally similar in boys and girls. The oral and anal erotogenic zones function in the same manner in both sexes, but the evolution of the genital zone is different. In males, sensibility is localized in the glans before as after puberty. In the female, it is localized in the clitoris in the prepubertal period. At the time of its adaptation to conjugal life, genital sensibility in women should cease to be clitoral and become vaginal. The male therefore has only one genital stage, whereas the female has two. This developmental complication puts

¹ T. C. S., p. 76. ² Baudouin, P. A., pp. 11-12. ³ T. C. S., pp. 75-6.

the woman in a clearly inferior position. Her chances of arrested sexual development (and hence of neurosis) are much more numerous than those of the man.¹ The complexity and delicacy of female sexual development had not escaped the notice of pre-Freudian physicians. Nevertheless, we can find no clear statement of the development of genital sensations in women, from the clitoral to the vaginal stage, even in the works of such specialists on sexuality as Havelock Ellis.² the Freudians, on the other hand, lay great stress on this point, and distinguish two types of frigidity in woman, viz., complete frigidity both clitoral and vaginal, and partial frigidity, with vaginal insensibility and clitoral excitability.³ It is very interesting to re-read case No. CXXXVIII in the second volume of Janet's classical work on *Obsessions and Psychasthenia* from this point of view. The patient Loa X. started masturbation at the age of fifteen; at the age of eighteen she married a man for whom she felt affection, none the less she was absolutely frigid in their conjugal relations. Janet very rightly points out that pre-conjugal masturbation is very often the cause of conjugal frigidity in woman, but he does not take his descriptive analysis any further, and speaks of masturbation in general without distinction, so that it is difficult to form a precise opinion on the case.⁴ The Freudian distinction of the two types of feminine masturbation, viz., clitoral masturbation (much the more frequent) and vaginal masturbation (comparatively rare), enables us to arrive at a better understanding of such cases as that recorded by Janet, and to analyse them more deeply.

The changes of puberty, as we said earlier, not only involve the subordination of the pleasurable sensations of the erotogenic zones to the genital sensations in the strict sense, but also the integration of the genital sensations and the more highly psychic amorous sentiments into a single whole. Freud has on several occasions studied the choice of the sexual object. There is a necessary connection between this question and the Œdipus complex which we have already mentioned. But the Œdipus complex may be considered either in itself in childhood, or in its effects at puberty, and it is with the second of these aspects that we are here concerned. It is very important to note that the question of the influence which may be exerted by the child's affective attitude towards its parents on the future direction of its sexual choice, is not dependent on the conception which we may hold of the intrinsic nature of the Œdipus complex. For whether this attitude in childhood were genital, sexual,

¹ T. C. S., pp. 77-9.

² Havelock Ellis, S. S. P., I, ii, pp. 229 et seq. The clearest statements are to be found on p. 235.

³ T. C. S., p. 78; Jones, P. P., p. 559.

⁴ Janet O. P., vol. ii, pp. 307-10.

or simply affective, it may still serve as a model for the choice of the future sexual object, and condition it by association. This associative conditioning may take place by way of continuity in the strict sense, in the case of a genital or sexual Œdipus complex, or by way of similarity, in the case of a simple affective complex. But as we have seen, Freud and his orthodox followers assert that the Œdipus complex is always of a sexual nature.

In order to give an exact idea of what Freud means by the action of affective fixations of childhood upon adult sexuality, we shall give a summary of one of his most typical articles, which bears the title "On a Special Type of Object-choice in Man."¹

The question of the choice of the love-object has generally been left to poets and novelists. Freud holds that it should be examined from the point of view of psychological determinism. To illustrate his theory, he makes use of a type which he has contrived to abstract from the investigation of a number of neurotic cases. The first characteristic of men of this type is that they cannot love a woman who is free. They feel a kind of compulsion to violate the rights of a third party—a husband, for example, or a fiancé. In some cases this is carried so far that they are suddenly fascinated by a woman of whom they had formerly taken no notice, as soon as she has fulfilled the necessary condition. The second characteristic, which often, but not invariably, accompanies the first, is just as much an enigma. To please them, a woman must have some degree of suspect quality. This may be carried to the length of an exclusive preference for prostitutes (*Dirnenliebe*). The behaviour of these men towards the women they love presents still more peculiarities. Their amorous fixation is wayward, and shows all the characteristics of over-valuation. Nevertheless they may have several adventures of the same kind which follow a stereotyped and obsessional course. As a final peculiarity, they are haunted by an anxious desire to redeem the woman. It is a true "salvation complex." A man of this kind, after having seduced a woman with the most extraordinary skill, used to send her moral tracts by post.

Freud believes that this erotic confusion may be traced to a causal unity. The first characteristic is easily explained: it is no more than a reactivation of the Œdipus complex. The child soon sees that his mother belongs not to him alone, but to his father as well. He thus prematurely suffers the psychic wound of contested love. The scars which this leaves in certain nervous persons are indelible. Henceforward they will only love a woman in competition

¹ Cf. vol. v of the *Gesammelte Schriften*, pp. 186-97 for the German text of this article.

with another man. The second characteristic, the taste for persons possessing some suspect quality, does not seem traceable to the same cause. The adult endows the mother-image with a halo of ideal purity. But Freud thinks that in the depths of the unconscious this is not so. There was a time when the child was ignorant of sexual realities; later he learnt about them in a disgusting fashion, by listening to the talk of some child of his own age. Profoundly shaken by this revelation, the child often resorts to some such denial as this: "Your parents may do dirty things like that, but mine couldn't." This is an untenable position, and one day the filial illusions must surrender. The child recognizes that his parents do indeed do "such disgusting things," and the mother-image becomes sexually tainted. As the years go by, the memories of childhood are lost in oblivion, but from the depths of the unconscious they still direct the love-choices of the adult. Over-valuation of the sexual object, paradoxically accompanied by the compulsive repetition of amorous adventures which never provide satisfaction, is evidence of an Œdipus longing for the irreplaceable mother. Psycho-analysis has shown that in many cases an irreparable loss causes an endless search for deceptive substitutes. In a like manner Freud relates the "salvation complex" to the affective impressions of childhood. When the child understands that he owes his life to his parents, there may be aroused in him a desire to repay them with something of equal value. This desire is expressed by various fantasies in which he saves the lives of his parents, more especially his mother's. Moreover the complex assumes a more or less pronounced Œdipus quality.

Freud and his followers have similarly related many peculiarities and anomalies of adult erotic life to complexes formed in childhood.

V. The Life and Death Instincts

Freud continually modifies and corrects the different parts of his system,¹ thereby making the statement of it a matter of some difficulty. The theory of sexuality has been extensively and often remodelled. We can distinguish three stages in its elaboration. In the first of these stages, Freud attributes a sexual character to the pleasurable sensations of the erotogenic zones and to the amorous emotions. In a second stage, he subdivides man's attachment to his own ego into non-sexual egoism and narcissism. The introduction of the concept of narcissism complicates the evolutionary formula which leads from auto-erotism to hetero-erotism, by the introduction of a supplementary phase. In the preceding pages we have taken

¹ Wittels, F., p. 89.

account of narcissism while dealing with the sexual instinct. The third stage in the formation of the sexual theory shows characteristics so different from those of the other two, that we have thought it better to state it separately. The fact is that it is purely speculative in origin.

In his work entitled *Beyond the Pleasure-Principle*, published in 1920, Freud re-examined the concept of pleasure, which until then he had regarded as irreducible. Making use of Fechner's theories, he suggests the hypothesis that pleasure may be associated with the tendency of the psychic apparatus to maintain stimulation at as low a level and in as constant a measure as possible. The pleasure-principle seems thus to be a corollary of the constancy-principle.¹

The truth is that it is very difficult to maintain that the pleasure-principle governs all the psychic processes. Its first check is the reality-principle: the wish must yield to objective knowledge. Another check is derived from endo-psychic conflicts.² Lastly, Freud holds that the objection advanced against the primacy of the pleasure-principle by the traumatic neuroses, is of essential importance. We may often observe that severe psychic shocks are followed by the establishment of a neuropathic state in which the patient's dreams are simply and solely reproductions of the accident which gave rise to the neurosis. It seems impossible to relate these dreams to the formula of the wish-fulfilment.³

If we add to these arguments which may be adduced against the primacy of the pleasure-principle those which may be drawn from children's tendency to endless repetition of situations which contain nothing pleasant,⁴ as well as from the tendency of neuropaths to *re-live* repressed events in the course of analysis instead of remembering them,⁵ we shall find ourselves bound to admit "that there exists in the psychic life an irresistible tendency to reproduction and repetition, a tendency asserted without taking any account of the pleasure-principle, and superior to it."⁶ We may, if we like, say that Freud ultimately arrives at a substitution of the primacy of habit for the primacy of affectivity.

If *repetitive automatism* is more fundamental than the search for pleasure, the theory of the instincts must be revised. For a long time Freud admitted the classical distinction between the instinct of preservation of the self and the instinct of preservation of the species, i.e. the instinct of reproduction or the sexual instinct. Even after having detached from the instinct of preservation of the self a narcissistic component which he related to sexuality, Freud continued to recognize an ego-instinct opposed to the sexual instinct. The theory

¹ B. P. P., pp. 3-4.

⁴ B. P. P., pp. 11-16.

² B. P. P., pp. 5-7.

⁵ B. P. P., pp. 17-22.

³ B. P. P., pp. 8-10.

⁶ B. P. P., p. 24.

of the primacy of repetitive automatism re-opens the whole question and leads Freud to a new classification.

Let us strictly apply the concept of repetitive automatism, of tendency to return to a prior state, to the instinct of preservation of the self. Since the inorganic is prior to the organic, Freud believes that we are bound to admit that the so-called instinct of preservation, so far from having the maintenance of life as its end is designed

to secure the path to death peculiar to the organism and to ward off possibilities of return to the inorganic other than the immanent ones, but the enigmatic struggle of the organism to maintain itself in spite of all the world, a struggle that cannot be brought into connection with anything else, disappears.¹

In other words, the instinct of preservation is only a tendency towards *natural* death, and aims at the avoidance, not of death in general, but of *accidental* death. "The organism is resolved to die only in its own way; even these watchmen of life were originally the myrmidons of death."² Freud consequently replaces the old group of ego-instincts, or instincts of individual preservation, by what he calls the *death instincts*.

What becomes of the other great group of instincts which is, formed by the sexual impulses? Here again Freud tries to apply his "inertial conception" of instinct. It is clear that the goal towards which the sexual instincts aim is the fusion of male and female germ-cells. We do not know what prior state this fusion may be reproducing, and Freud seems to be uncertain whether we have the right to assert that it does in fact reproduce a prior state at all.³ He also feels the need to retrace his steps and to bring up the problem of natural death for further discussion. In this connection he refers to Weismann's theories. We know that Weismann, in dealing with multicellular life, makes a sharp distinction between the somatic cells destined to perish, and the germinal cells which are potentially immortal, and can only die by accident. Hitherto Freud's views seem to be in agreement with Weismann's. But the latter holds that natural death is merely a consequence of the distinction between *soma* and *germ-plasm*, and only occurs therefore in multicellular beings. In unicellular beings, there is no distinction between *soma* and *germ-plasm*. Consequently when a protozoon splits into two, the two new cells are of the same age. Hence it follows that the ideas of senility and of natural death are not applicable to unicellular organisms, which are potentially immortal, and die only by accident. At this point the conflict between Freud and Weismann arises. The

¹ B. P. P., p. 48.

² B. P. P., pp. 48-9.

³ B. P. P., pp. 54-5.

death instinct cannot be detected in protozoa. Freud extricates himself from this difficulty by saying that

with them the substance later recognized as immortal has not yet been separated itself in any way from the part subject to death. The instinctive forces which endeavour to conduct life to death might be active in them too from the beginning and yet their effect might be so obscured by that of the forces tending to preserve life that any direct evidence of their existence becomes hard to establish.¹

Thus Freud maintains the idea of natural death and the conception of death-instincts.

The instinct of self-preservation having been reduced to a natural death instinct, the sexual instinct must inherit its characteristics. Thus the concept of the latter is entirely changed. The sexual instinct has become the *life-instinct*, and its part is to ensure cohesion between the cells of the organism. The union of two male and female germinal cells will now be considered simply as a particular instance of this cohesion. "Thus the Libido of our sexual instincts would coincide with the Eros of poets and philosophers, which holds together all things living."² It is important to emphasize this complete change of perspective. After having anathematized Jung for having enlarged the *libido* to the proportions of Bergson's *élan vital*, Freud in his turn seems to be taking the same path.

We still have to answer the vexed question, if all the instincts (of life and death alike) express a tendency to return to a prior state, what is this prior state in the case of Eros, or the instinct of life? Freud despairs of being able to answer this question. After quoting the myth in the *Banquet*, where Plato asserts that the primitive human race contained men, women, and androgynous creatures, and that when Zeus had cut the androgynous creatures in two, the separated halves sought to be reunited, Freud (not very seriously) volunteers the theory that "living substance was at the time of its animation rent into small particles, which since that time strive for reunion by means of the sexual instincts."³

Many authorities have labelled Freud's sexual theory *pan-sexualism*. The foregoing pages show that this term is not quite adequate. Freud has always sought to widen the sexual field and *at the same time* to avoid the charge of pan-sexualism. The funda-

¹ B. P. P., p. 62.

² B. P. P., p. 64.

³ B. P. P., p. 75.

mental notion of psychic conflict and of repression is dual by its very definition. Unless he rejected all his explanatory formulas, he was bound to defend himself against lapsing into pan-sexual monism. We shall find it useful to recapitulate the successive means of defence which he used to this purpose. We shall find notions with which we are already acquainted, but we shall consider them under a new aspect.

At the first stage of his doctrine, Freud lays down that the sexual overlaps the genital. He includes the amorous emotions and the pleasurable sensations of the erotogenic zones in sexuality. Here the accusations of pan-sexualism begin. He defends himself by emphasizing the distinction between the sexual instincts and the ego-instincts, clearly stating that he does not hold that all physical pleasure is of a sexual nature. The satisfactions of nutrition, of defecation, and of micturition, are not in themselves sexual in nature. But besides their normal, non-sexual satisfaction, the oral, anal and urethral zones are capable of giving rise to another satisfaction, of a sexual order, due to a particular chemical action. This is the theory of double function.

At the second stage of his doctrine, the concept of narcissism makes its appearance. The ego-instincts, hitherto contrasted with the sexual instincts, are dismembered. Freud asserts that they contain a narcissistic sexual component. This dismemberment does not leave much of the non-sexual instincts surviving. If the ego is the primitive reservoir whence the libido is discharged onto objects, it becomes rather difficult to distinguish a sexual and a non-sexual component in the attachment of the individual to himself. Nevertheless the recognition of this distinction is the only barrier which still separates Freud from strict sexual monism. Again his opponents bring forward the charge of pan-sexualism. Freud makes what defence he can by distinguishing egoism from narcissism. But in spite of his efforts, there is a growing current opinion that Freudism is pan-sexual, apart from verbal definition.

At the third stage of his doctrine, Freud decides to give free rein to his long-repressed tendencies to speculation.¹ Examining the concept of pleasure, he finds that it is not primitive. Affectivity is not the fundamental source of psychic energy, for automatism is deeper. This abolition of desire upsets the whole system. The instinct of self-preservation, already stripped of its narcissistic component, is completely dismantled, leaving the death-instinct as a residue. By a necessary reaction the sexual instinct is enlarged to the stature of a life-instinct. Some will call this pan-sexualism, others

¹ H. P. A., p. 304, A. S., p. 105.

vitalism. The truth is that Freud's construction remains systematically dualistic. He maintains the existence of two opposing instincts, Eros and Thanatos. For him, as for Heraclitus of old, philosophic speculation must end in primitive and irreducible opposition. Conflict is the father of all things.

CHAPTER IV

GENERAL THEORY OF THE NEUROSES

In the preceding chapters we have studied the failed act,¹ dreams and sexuality. This exegetic order suits the purposes of a general exposition, although it does not correspond with that along which Freud's system developed. Freud is above all a practitioner; throughout forty years he spent an average of eight hours a day in treating neurotics.² Psycho-analysis developed from the treatment of neuroses. It was his daily work as a psychotherapist that led Freud to study failed acts, dreams and sexual phenomena.

Whereas Freud was primarily a student of the neuroses, it was not long before his followers began to investigate the psychoses psycho-analytically. It must be recognized, too, that he himself took certain tentative steps in that direction. But it is the Zurich school of Bleuler and Jung that has made the greatest advances in the study of psychoses. Moreover it was not long before the rift occurred between Vienna and Zurich. Bleuler and Jung diverged from Freud, and each proceeded to work out his personal views in a different way. Yet, they deserve a tribute for their loyalty, in that they never fail to recall, in the works which they published after their rupture with Freud, all that they owe to him.

In order to give a complete account of psycho-analytical theories relating to the neuroses or the psychoses, we should have to write the history of nearly all the psychiatric controversies since the beginning of the century. This is of course not feasible. The present chapter will be devoted to the general theory of the neuroses, and in the two following chapters, we shall show how the theory was differentiated and modified so as to apply to the various neuroses and even to several of the psychoses.

The general theory of the neuroses according to psycho-analysis may be given under three separate headings: their psychology, their ætiology, and their therapy.

¹ For lack of a better expression, I use the general classification "failed acts" for the symptomatic, disturbed and inhibited acts described by Freud in the *Psychopathology of Everyday Life*. (D.)

² Wittels, F., p. 43.

I. The Psychology of the Neuroses

The psychologist who studies text-books of psychiatry or who reads psychiatric case-histories, is soon struck by a common quality exhibited by all works of this kind published by authors who have not come under the influence of psycho-analysis; their works express a purely nosographic point of view. When examining a patient, the psychiatrist is above all concerned with the diagnosis, that is to say, with ascertaining the type of mental illness exhibited by the patient. Let us take for example the inmate of a mental hospital who "repeats a hundred times: 'I am the child of the King of Prussia, Garibaldi is my uncle, the Pope my grandfather, etc.' with a final phrase upon which she lays great emphasis: 'I am the child of the old commode.'"¹ The academic psychiatrist will class this symptom under the heading "verbal stereotypy," and will hazard the diagnosis of dementia præcox. The age of the patient will allow him to exclude senile dementia. A careful physical examination including a lumbar puncture will enable him to rule out general paralysis. In most cases, a study of the development of symptoms and a search for organic signs will likewise enable him to rule out simple confusional psychosis and the organic dementias. Her radical disharmony and her affective indifference will confirm his original hypothesis, and the patient will be definitively labelled "hebephreno-catatonic." But why does the patient call herself the child of the old commode, rather than the child of the old table or of the old cupboard?

Here is another example. A patient comes to consult the psychiatrist. After much hesitation, he manages to admit that for some days he has not been able to pass No. 40, Rue Sainte-Marie.² If he tries to go further, he suffers from vertigo and terrible anxiety. The psychiatrist ascertains that his patient is perfectly well aware of the absurdity of his behaviour, and that his judgment is in no way impaired. He is therefore not a lunatic, but a neurotic suffering from an anxiety-phobia. If the psychiatrist is a pupil of Dupré, he will relate this phobia to a hyper-emotional disposition. If he is a pupil of Janet, he will class his patient as a psychasthenic. These two points-of view have a certain interest, but they are of no help at all in enabling us to discover why the patient stops at No. 40 rather than at No. 50.

These examples clearly suffice to state the problem of the *meaning of symptoms*, or if we prefer the expression, of the *content of the neuroses and the psychoses*. Freud continually emphasizes this idea.³

¹ von Monakow and Mourgue, I. B. N., p. 295.

² Stekel, C. N. A., p. 183.

³ I. L., pp. 218-19.

Nosography is only concerned with types, laws and universals. Now only individuals actually exist. However interesting nosography may be, it is impossible to maintain that its point of view is comprehensive. Diagnosis is not sufficient; one must also understand. Psycho-analysis begins at the point where academic psychiatry ends.

This view-point of the content of the neuroses and the psychoses is not one of Freud's discoveries. As Janet very rightly comments, in a passage on "fixed ideas of a hysterical form,"¹ the idea of psychogenic disturbance was mooted by Brodie as long ago as 1837, and more particularly by Russel Reynolds in 1869. A similar point of view was developed by Erb in 1878. In 1881-2 Breuer studied a case of hysteria (which he did not publish till 1895) which led him to a psychogenic conception of hysteria. In his lectures of 1884-5 Charcot suggested that hysterical paralyses were occasioned by representations. In 1888 Möbius adopted this hypothesis. In 1889 Janet took it up again forcibly in his famous essay on *Psychological Automatism*, specifying that the representations were subconscious.

Let us at once anticipate a misunderstanding. The ideas of *psychogenesis* and of *content of the neuroses and of the psychoses* are not synonymous. The first implies the second, but the second does not imply the first. When we speak of psychogenic disturbance, we are adopting the ætiological point of view, and stating that the illness has a psychic cause. When we speak of the content of the neuroses and of the psychoses, or of the meaning of symptoms, we are not necessarily asserting that the illness is of psychic origin.

This distinction is so important that we think it may be helpful to state different aspects of it. In order to understand it better, let us compare dreams and neuroses. The dream may be studied from two points of view. In the first place, it may be studied in itself, as Freud has studied it, seeking to discover why a person has particular dreams. In the second place, starting from the fact that dreams only take place during sleep, we may inquire what are the causes of sleep itself.² The problem of the dream must not be confused with the problem of sleep, for the former is principally referable to psychology, and the second to physiology.

Once we have well understood this distinction in the case of the dream, it is very easy to apply it to the neuroses and to the psychoses. Let us take the examples given above. To ascertain why von Monakow and Mourgue's patient calls herself the child of the old commode is a purely psychological problem. Its solution does not necessarily provide an answer to the problem of the origin of the state of dementia, any more than the psychological explanation of

¹ Janet, N. I. F., vol. i, pp. 213-14.

² I. L., p. 71.

the content of a dream enables us to understand why a person sleeps.

Whether this distinction between the neurosis or the psychosis and its content must be regarded as absolute, is a question which we need not settle at the moment. Let us simply point out that in a didactic statement it is indispensable to present the psychology of the content of the neuroses and of the psychoses first and separately. Its truth in no way depends on the truth of the Freudian theories of the psychic ætiology of the neuroses. Supposing that the ætiological question were settled in a manner entirely opposed to Freud's ideas, his psychology of the content of the neuroses and of the psychoses would yet be in no way impaired. Too many physicians forget this distinction, and believe that they have triumphed over psycho-analysis when they have been able to show evidence of some such infectious or toxic factor as the origin of a neurosis or of a psychosis. They have still to discover the existence of psychological problems.

The distinction between the neurosis or the psychosis and its content may be presented in another manner, which we believe to be more fundamental. Hughlings Jackson has stressed the notion that illness is a process of dissolution the inverse of the process of evolution.¹ Evolution involves not merely simple addition, but integration as well. The superior functions are not merely set in juxtaposition to the inferior functions; they control and inhibit them. Hence it follows that we may distinguish both a negative and a positive aspect in dissolution. The negative aspect consists in the (temporary or permanent) disappearance of the superior function; the positive aspect in the liberation of the inferior function from the control of the superior function, the removal of the inhibition. It is therefore extremely important to distinguish positive symptoms from negative symptoms. Hughlings Jackson strongly emphasizes the absurdity of maintaining that a negative cause can produce a positive effect. The content of a delirium—an illogical belief, but a positive psychological fact—cannot have a lesion, or a solution of continuity of the cerebral substance as its *proper cause*. A void cannot produce a thought. One might perhaps object that the word "lesion" is here taken in too strict a sense. But even if the meaning of the word "lesion" is enlarged until it is made to signify any kind of organic disturbance, the same argument readily applies. We shall then say that a *psychic event cannot have a physical event as its total cause*, that a cognition cannot be *completely* produced by a material change. These considerations show the problem of the content of the neuroses

¹ von Monakow and Mourgue, I. B. N., pp. 170-4.

and of the psychoses in a new light. The very expression "content of the neuroses and of the psychoses" has a vague flavour of epiphenomenalism. It seems to imply that the physical event alone is important, and that the psychic event is a doubling, a reflection lacking all spontaneous activity. We shall continue to make unhesitating use of the expression "content of the neurosis or of the psychosis," but it must be clearly understood that we exclude all dogmatic epiphenomenalism. Jackson's point of view shows us that the study of the positive psychic symptoms of the neuroses and of the psychoses must be itself followed up, without any premature concern to find either an organic or a psychic solution to the ætiological problem, which primarily concerns the origin of the negative symptoms.

These considerations enable us to understand the somewhat paradoxical situation to which we have already referred. On the one hand, the writings of psychiatrists who have not been influenced by psycho-analysis almost entirely neglect the problem of the content of the neuroses and of the psychoses. On the other hand, the concept of the psychogenesis of the somatic disturbances of hysteria has been advanced by many authors before Freud. The reason is that in hysteria it was difficult to isolate the problem of the content from that of the psychogenesis. Babinski's doctrine of pithiatism, which attributes hysterical symptoms to suggestion, does not explain the suggestibility itself, which yet remains the centre of the problem. The result is that no rigorous distinction between the psychological and the ætiological problem has been made in the other nervous and mental disorders, though such a distinction certainly seems necessary. Thenceforward there was no escape from misconception. Once a confusion had grown up between the psychological and the ætiological problem, a choice had to be made. The academic psychiatrists, primarily concerned with the search for somatic causes for the neuroses and psychoses, made it a point of honour not to be psychologists. Conversely the psycho-analysts, whose concern was with concrete psychology, took no interest in nosography. These two attitudes (which a mutual hostility tended to render dramatic on both sides) sadly embittered the controversy.

Having eliminated this fundamental confusion, let us examine the special characteristics of the analytical psychology of the neuroses.

The analytical psychology of the neuroses deliberately takes its stand on historical grounds, explaining the present in terms of the past. This standpoint has been very well described by Politzer, especially in relation to dreams.¹ On the other hand, many writers

¹ Politzer, *Critique des fondements de la psychologie*, vol. i, pp. 37 et seq.

do not seem to be aware of its importance, and particularly of its *irreducibility*. That is why we stress it here.

There are two fundamental types of explanation—the scientific and the historical. The scientific explanation consists essentially in relating the event to a law, and this law to a more general law. The scientific explanation proceeds essentially by subsumption; it starts from the concrete and rises to more and more abstract ideas. At a given instant, a given pebble falls; that is a concrete fact. A first generalization sees in this fact a particular case, an application of the general law of the fall of bodies. A second generalization makes of the heaviness of the earth a particular case of the universal law of gravity. Such is the general procedure of the scientific explanation.

The historical explanation, on the other hand, essentially attaches importance to what science neglects, the individual considered simply as an individual. In this connection Poincaré quotes Carlyle's epigram: "Nothing but facts are of importance. John Lackland passed by here. Here is something that is admirable. Here is a reality for which I would give all the theories in the world,"¹ and Poincaré adds: "That is the historian speaking." The example is, indeed, to the point. John Lackland will not pass again. His passage is a historical fact and not a law, because it is not capable of reproduction. Reality has aspects which cannot be repeated. They are, by definition, the material of the historian. The historical explanation moves from the concrete to the concrete, as distinct from the scientific explanation, which moves from the concrete to the abstract. The historical explanation relates events to other antecedent events; the scientific explanation relates them to laws. One might describe the historical explanation as horizontal, and the scientific as vertical.

Here certain thinkers raise an objection. Science, they say, explains the present by the past. It is an objection that rests upon a very grave confusion. Science never relates an *individual* event to an antecedent *individual* event, but a *type* of event to another *type* of event which is as a rule antecedent. Too many writers do not see this distinction. A number of historians imagine that in assimilating it to the sciences and in speaking of "historical laws," they are honouring their branch of learning. There are no historical laws, since the laws in question are referable to one or other of the sciences. The proper material of history is in fact all that does not come under law, the individual event as such, and its causes *taken in their*

¹ Carlyle, *Past and Present*, end of chap. i, Book II. Quoted in Poincaré, *Science and Hypothesis*, Walter Scott Publishing Co., 1905, p. 141.

individuality, and not in the typical and repeatable part of the causal relationship. Science studies causation typologically; history studies it individually.

We meet this aspect of history as a limiting and reductive factor of all the sciences dealing with reality. Mathematics only avoids the historical aspect by limitation to the field of the possible. But astronomy itself has an historical aspect which is not reducible to law. In order to make a calculation, we must know not only the *laws* of the movement of heavenly bodies, but the *fact* of their positions at a given moment. These positions constitute an irreducible element which cannot be arrived at by deduction, a fact thrown at us, as it were, of which we can only record the existence. Passing from astronomy to such sciences as geology or biology, we merely find the historical aspect growing in importance. There are laws of geology, but the Devonian sediments belong to the dead past. There are laws of biology, but theromorphians will never reappear.

Thus the impossibility of reducing history to science seems to be based on the reality of time and the reality of the individual event. The boldest attempt to reduce everything to science is that of the doctrine of the eternal cycle. Now if we press this doctrine to its final conclusions, it contains an inevitable contradiction. "You must relive this life, as you are now living it, as you have already lived it, again and yet again, an innumerable number of times. . . . The eternal hour-glass of existence will always be turned over anew—and you with it, O dust of the dust!"¹ What a pity that Nietzsche's magnificent poetry should contain such a radical contradiction! How was it that Nietzsche did not see the simple fact that succession in time is enough to make individual distinctions? How did he fail to grasp that two *successive* states cannot be *identical*, but can only be similar? How did he fail to realize that the latter state, through the mere fact that its number is one term higher than that of the former, possesses a predicate which cannot be attributed to the former state and therefore cannot be said to be *identical* with it without formal contradiction?

In order to admit the eternal cycle, we should have to deny the very reality of succession, and destroy the individuality of what is individual. Thus history is not reducible to science. These two main methods of approach to reality are complementary, but the one cannot take the place of the other.

This excursus into metaphysics was indispensable in order to give

¹ Nietzsche, *The Joyful Wisdom*, aphorism I; (*Nietzsches Werke, Abteilung I, Band V: Herausgegeben von Fritz Kogel, Die fröhliche Wissenschaft*, aphorismus 341, p. 265.

a clear understanding of the special characteristics of the analytical psychology of the neuroses. If even in the sciences of gross matter the reality of succession makes the historical point of view legitimate; if the importance of history is undeniable in the sciences of life—what will be the position in psychology? Bergson and William James have laid stress on the idea that there are no pure psychic repetitions. So much is suggested by the evidence. It therefore follows that no purely scientific, purely subsumptive explanation can fully account for a neurosis or psychosis. It is perfectly legitimate to make a diagnosis; no diagnosis can ever be too exact. But however exact a diagnosis may be, it will never be sufficient to make a neurosis or a psychosis understood. An individual is not a boxful of universals. Whether von Monakow and Mourgue's patient be labelled hebephrenic, catatonic or paranoid, it gives us no sort of explanation why she calls herself the child of the old commode. Whether Stekel's patient be of hyper-emotional, of psychasthenic, or of any other constitution whatsoever, we are no nearer an understanding why he suffers an anxiety attack on arriving at No. 40, Rue Sainte-Marie. Nosography can never take the place of the psychic history of the individual.

The aim of psycho-analysis is to reconstruct this psychic history of the individual, and thus to understand the individuality of the neuroses. It is quite clear that this standpoint by no means excludes the nosographic standpoint, which aims at abstracting the laws of neuroses and a *typical* psychopathology. The individual does not explain the universal, and the universal does not explain the individual. Though in other fields we have arrived at a happy balance between science and history, this state of calm maturity does not yet seem to have been achieved in psychiatry. Physical medicine pays great attention to the organic history of the individual; unfortunately conventional psychological medicine is far too neglectful of his psychic history. There are also too many alienists who have a totally wrong conception of the legitimacy and interest of analysis of the individual, imagining that a happy day will come when all will be absorbed in nosography.¹ It was important to show that this hope could never be realized, because it contains a flat contradiction. Even supposing that psycho-analytical methods were to be proved completely inefficacious to explore the psychic past, that exploration would be none the less indispensable, and would have to be undertaken by new means.

¹ Here is a striking example of this: "The notional content of ideo-verbal hallucinations continually tends to make us forget that only their mechanism is of importance." de Clérambault, "Psychoses à base d'automatisme," in *La Pratique médicale française*, sixth year, No. 5, May 1925, p. 188.

Psycho-analysis does not therefore simply fulfil the function of nosography, but has its own part to play in the study of the neuroses and of the psychoses, even if they are somatogenic. General paralysis is always quoted as the perfect type of somatogenic psychosis. But this does not prevent the fact that its content is variable in each separate individual, that it cannot be explained by cerebral lesions, and that it depends on the personal antecedents of the patient. As Minkowski has very justly observed, we are not obliged to confine our application of the idea of the content of the psychosis to schizophrenia. We may equally well apply it to general paralysis, to manic-depressive psychosis or to the deliria of twilight-states.¹ Having dismissed the confusion of the object of psycho-analysis with that of both nosology and ætiology, it is easy to understand the aim of analytical investigation. We shall not here repeat the long explanations we have given on the subject of dreams. As with dreams, the neuroses are studied by the associative and the symbolic methods. The fundamental mechanisms of the formation of ideas in dream are again to be found in the formation of ideas in the neuroses: condensation, displacement, dramatization, and symbolization. Later we shall give examples of these when dealing with the various neuroses. The concept of the unconscious of course plays a considerable part in neuroses as well as in dreams, whether the unconsciousness be of relations or of causes. Similarly the concepts of the censor and of repression are here too of immense importance.

But with these ideas of censorship and repression we are already crossing the boundary between the psychology of the neuroses and their ætiology. One might conceive—and for the sake of logical clearness, one ought to conceive—of a psycho-analytical investigation distinct from ætiological research. The possibility of psycho-analysis of neurotic or psychotic contents by no means implies that the neuroses or the psychoses have a psychic ætiology, but it is patently clear that it still less implies that they have a somatic ætiology. The fact that we temporarily abstain from settling the question in a psychological sense certainly does not mean that we finally settle it in an organic sense. We are confronted with a new problem, which we must examine on its own grounds.

II. The Ætiology of the Neuroses

“*Think anatomically*” was for long a medical axiom. The idea of illness was identified, or all but identified, with the idea of a lesion. But this formula was later found to be seriously defective.

¹ Minkowski, S., p. 142.

It proves to have the most radically mechanical implications. To think anatomically is to forget function and see only structure. To think anatomically is to believe that there are no *actions*, but only *things*. This hypothesis leads to therapeutic fatalism. If illness is essentially a destruction, a loss, it must be incurable, for that which is destroyed and lost cannot be recreated. Carried to its logical conclusion, "anatomical thought" is actually the negation of therapeutics.

If all illness is not necessarily incurable, we must make up our minds, at least sometimes, to *think physiologically*. This new formula leads us far; in fact it involves dynamism. Once we have made up our minds to draw the logical conclusions from the fact that there is such a thing as cure, we are driven to distinguish between *things* and *actions*, to recognize that *inaction* is not *non-existence*, and, in short, willy-nilly to maintain the reality of the Aristotelian *δύναμις*. This concept may be disguised by a number of different phrases; it matters little whether we speak of latent states, of functional disturbances, or of dynamic upheavals—the fundamental idea is always the same. We may further maintain that dynamic disturbances have anatomical *conditions*, but this in no way upsets their reality. The basic problem is to know whether or not they may be *identified* with morphological destructions. However rigid a mechanist one may be, one is forced to recognize that dynamic disturbances, even supposing they are always necessarily conditioned by lesions, cannot be identified with lesions. A minimum of dynamism is inevitable.¹

It would be easy to illustrate these theoretical considerations by examples. We shall quote no more than two, borrowed from the field of mental psychopathology.

As Mignard rightly recalls, the concept of *mental confusion*, which we owe to Chaslin, marked an important turning-point in the history of psychiatry. The French school was dominated by the idea of degeneracy, the German school by that of dementia.

In spite of their apparent opposition [writes Mignard] these two doctrines had more than one point in common, in particular their tendency to fatalism, a consequence of the principles necessarily attaching to the concept of prescriptive anatomical lesion. Whereas the supporters of the theory of degeneracy considered the various mental disturbances as conditioned primarily by an incomplete development of the brain which rendered it ineffective or feeble, the supporters of the theory of dementia regarded them for the most

¹ The above criticisms are purely retrospective, and intended to apply to the neurology of fifty years ago, not to that of to-day. (D.)

part as symptoms of cerebral involution. From this basis, the first tended to construct the various psychopathies on the model of imbecility or of congenital disequilibrium, and the second on that of senile dementia or of chronic systematized delirium. On either side was found the same direction towards fatalism and its consequence, *therapeutic laissez-faire*.¹

We are indebted to Chaslin for maintaining mental confusion, "an essentially curable condition."² In order to arrive at this idea, it was indispensable to shake off the yoke of anatomical mechanism and to think physiologically.

The classical theory of aphasia with its basic conception of the *loss of verbal images* in consequence of the *destruction of their centres* is another striking example of the evil of a narrowly anatomical conception. We know how long a time it took before the notion of the loss of images was finally discredited. Since 1884 Hughlings Jackson had been suggesting a dynamic solution, but no attention was paid to him, and thirty years passed before his ideas were re-discovered by Head. In France, Bergson had criticized anatomical mechanism in 1896, but it was not until 1906 that an echo of that great philosopher was found in Pierre Marie, who rejected the idea of the destruction of verbal images, though from a standpoint quite different from that of Bergson himself.

We are now agreed that we must think physiologically, at least within certain limits, but is this sufficient? Does a dynamic, but purely neurological conception of the neuroses and the psychoses adequately explain the facts? Freud answers this question in the negative. He holds that it is not enough to think anatomically, or even physiologically; we must think *psychologically*.³ In Freud's view, psycho-analysis is something quite different from a process of exploration of the psychic epiphenomena of diseases of cerebral origin. He believes that it is not enough to recognize that the content of the neuroses and of the somatogenic psychoses must be studied by psychological techniques. He categorically asserts that at least in certain cases the psychological problem and the ætiological problem are connected, that there are neuroses and psychoses which are partially psychogenic, perhaps even exclusively so.

Hitherto this theory has contained nothing very revolutionary, nor even very original. There is a psychological phenomenon whose pathogenic potency is recognized by all psychiatrists, viz., emotion. Whereas Babinski's pithiatism and Dupré's mythomania have

¹ Mignard, "La confusion mentale," in Sergent's *Psychiatrie*, Ribadeau-Dumas and Babonneix, vol. i, pp. 205-6. The italics are Mignard's.

² Mignard, op. cit., p. 218.

³ I. L., pp. 15-16.

severely restricted the over-extensive field covered by the old concept of hysteria, they have in turn helped to make us better aware of the vast area covered by the field of emotion, and of the extent of its organic reactions, which are objective and *cannot be feigned* voluntarily. The pathology of affectivity has gained what the pathology of the imagination has lost. In the field of mental disorders proper, the existence of confusional phenomena caused by violent emotions, but sometimes making their appearance somewhat later, has been pointed out and studied by Professor Georges Dumas in cases of war-shock.¹ Dupré himself thought that whereas as a general rule the hyper-emotional constitution was innate, nevertheless "if the emotion is intense or of long duration, it may create susceptibility to emotions at least temporarily."² These ideas are accepted by all neurologists and psychiatrists. It is important to be clearly aware that the recognition of the pathogenic role of emotion forces us to go beyond the field of neurology and enter that of psychology. It is no longer sufficient to think physiologically; we must think psychologically. Emotion, or psychic shock, is not commotion, or physical shock. Before the person who receives a telegram announcing the death of someone dear to him can feel an emotional shock, he must *understand* the meaning of the telegram. The intervention of a strictly psychic element is therefore indispensable.

Since it is generally recognized that it is not enough to think anatomically or even physiologically, but that in many cases we must also think psychologically, some people may well wonder in what Freud's special contribution consists. Is not Dupré's acceptance of the fact that emotion can create hyper-susceptibility to emotions the furthest conceivable limit of psychogenesis? Freud's special contribution has been to introduce the idea of what Régis and Hesnard have very aptly called *psycho-dynamism*, an idea which, as we shall see, raises the question of the existence of neuroses which are not only psychogenic, but of psychic structure. Psycho-dynamism does not consist simply of superimposing the function of the psychism upon that of neurological dynamism, nor even in maintaining that the psychism possesses a certain force. Janet has developed the notion of *psychological tension* at length; it would be very misleading to call his point of view *static*.³ In his explanations, Janet takes stock of both the dynamic and the psychological points of view. It remains none the less certain that there is a wide gulf between the standpoints of Janet and Freud. As we can see from the summary of his system

¹ Georges Dumas, T. P., vol. ii, pp. 934-6. Cf. Babinski and Froment, H. P., pp. 40-1.

² Dupré, P. I. E., p. 250. ³ Cf. Georges Dumas, N. T. P., vol. i, p. 355.

which he has given in his last great work,¹ Janet has carefully studied the force and the tension of different types of conduct, but he makes no use of the idea of endo-psychic conflict, and has never, even in his most recent publications, been willing to recognize the importance of Freud's essential idea of *repression*. A comparison will help us to illustrate the fundamental opposition between Freud and Janet. Psychic activity, as Janet conceives it, may be likened to a locomotive. If the locomotive be stopped, its stopping may be due to a number of different causes. Some part may be broken or bent; this gives us the analogy of lesions. Or perhaps the locomotive has run short of water or coal; this gives us the analogy of dynamic disturbances, which are essentially reparable. We must, of course, add that dynamic disturbances may exist either at the purely neurological level, or at the psychic level. Janet recognizes no other types of disorder. In Freud's view, the psychism must be compared not to one, but to two locomotives. If they both move on the same track in different directions, they will end by meeting buffer to buffer and will be able to make no further progress; there will be blockage, or inhibition. There therefore exists a type of disturbance which is not reducible either to lesional or to dynamic disturbances *by deficit*, whether the latter be neurological or psychic. In such cases we might speak of *oppositional dynamic disturbances*.

We now grasp the radical difference between the schemata of Janet and Freud. However dynamic Janet's explanations may be, they are centred upon the purely negative idea of *deficiency*;² those of Freud upon the positive idea of *conflict*. In metaphysical language, we should say that Janet has only emphasized such sources of illness as arise from *material causality*; while Freud has only studied such

¹ Janet, A. E., vol. i, pp. 201-333.

² One could easily bring forward any number of quotations from Janet, from old or from recent works, in support of this assertion. Let us confine ourselves to reproducing the interpretation of hysteria which he formulated at the end of his medical essay, *Mental Accidents of Hysterics*, an essay which he later republished in the collection of his works entitled: *The Mental State of Hysterics*. "Hysteria (we may say) is a mental disease belonging to the large group of diseases due to weakness, to cerebral exhaustion; it has only rather vague physical symptoms, consisting principally in a general diminution of nutrition; it is above all characterized by moral symptoms, the principal one being a weakening of the faculty of psychological synthesis, an aboulia, a contraction of the field of consciousness manifesting itself in a particular way: a certain number of elementary phenomena, sensations and images, cease to be perceived and appear suppressed by the personal perception; the result is a tendency to a complete and permanent division of the personality, to the formation of several groups independent of each other; these systems of psychological factors alternate some in the wake of the others or co-exist; in fine, this lack of synthesis favours the formation of certain parasitic ideas, which develop completely and in isolation, under the shelter of the control of the consciousness, and which manifest themselves by the most varied disturbances, apparently only physical." Janet, M. S. H., p. 527.

as derive from *efficient* causality. Janet has tried to reconcile Freud's point of view with his own, and to consider repression as no more than an effect of fatigue or exhaustion. Freud would grant that in certain cases the failure of the repressing force may be explained by fatigue, and so, in consequence, may the liberation of the repressed force. He makes no denial of the part played in ætiology by exhaustion, but he maintains that exhaustion does not provide a full explanation. Even supposing that the failure of the repression may be due to fatigue, there is in the very notion of repression an oppositional aspect which is not reducible to pure deficiency. The original idea of *positive* opposition between contrary forces follows unavoidably from dynamism; by wishing, as Janet wishes, at all costs to connect the idea of opposition with the idea of deficit, one risks taking the road which leads back to mechanism.

Since heated discussion has been given to the question of the novelty of Freud's conception as compared with that of Janet, we shall continue further to examine it, both from the theoretical and from the practical point of view.

In metaphysical language, we may say that Janet's schema derives from the concept of *privation*, Freud's from that of *opposition*. Now it is clear that no feat of dialectic can reduce opposition to privation. If we raise the formidable question of the ultimate origin of evil (for this is the question that lies hidden beneath all discussion of the ætiology of diseases), we shall see that privation and opposition are *independent* sources of disorder. Since the living creature is an essentially complex being, he has to borrow materials and energy from his surroundings. The spatio-temporal meeting of the living creature with realities which can satisfy his needs is a case of strict pluralism, and depends on chance, in the sense in which Aristotle and Cournot use the word. We may therefore conceive the existence of purely negative disturbances *in the somatic field*. Avitaminosis is an excellent example of these purely negative disturbances due to a failure to meet substances necessary to the living creature. In the psychic field, we may conceive the existence of weaknesses following a primary somatic deficiency. But we can form no conception of a weakness of psychic origin. Besides the failure to meet useful or necessary substances, there is also contact with harmful substances, a positive disturbance by opposition. Among somatic illnesses, examples of this are provided by exogenous intoxications and infections. Freud's original idea was that of a plurality of endo-psychic forces, between which positive oppositions might arise. These positive oppositions end, of course, in a negative result, but it is essential to emphasize that this negation is not primary.

If we transfer the question of the distinction between privation and opposition from the theoretical to the practical plane, we shall find that it is of enormous importance in diagnosis and therapy. The following quotation from Dr. Maurice de Fleury, a physician extremely hostile to Freud, is a perfect illustration of the distinction between primarily negative disturbances, and disturbances which appear to be negative, but are actually the result of the meeting of positive forces.

A pathogenic conception which was long in favour [writes Dr. de Fleury] often led the physician to practise a somewhat unfortunate treatment of hyper-emotional states. Emotional psychoneurosis has been too long confused with mild melancholic states and with neurasthenia. The more so because the treatment logically prescribed by this doctrine consisted solely in the administration of tonic medicines such as sodium cacodylate, strychnine, medicated wines, extracts of kola, coca, cafein, etc. The usual result was an exasperation of the emotional liability, which took the form of irritability, tears, anxious agitation and insomnia, or even, in serious cases, increase of raptus or of suicidal impulses. I remember the case of a young composer whom I was treating about twenty-five years ago. He had come to me before competing for the piano prize at the Conservatoire, asking me to cure what he took to be a depressive state. Thinking he was a neurasthenic, I thought I should prescribe valerianate of cafein for him. Now the case was not depressive, but simply hyper-emotional; my treatment only succeeded in increasing the tension and in further unnerving the young musician. He failed to obtain his piano prize, and I must bear the blame for his failure.

The case is the same for men suffering from sexual impotence, who imagine their trouble to be debility; they increase their emotional disorder by stimulants, and cannot achieve sexual normality until they treat this form of timidity with sedatives.¹

This quotation is, of course, not meant to prove that Dr. de Fleury is an unconscious Freudian, nor to imply that psychasthenia does not exist. It would be impossible to deny the existence of deficiency disorders, of exhaustion neuroses. Our intention here is simply to point out the radical difference between an ætiology by privation and an ætiology by opposition. The two solutions are so fundamentally divergent that the deficiency standpoint seems to be linked to the assertion that organic causes must *necessarily* play a part, while the oppositional standpoint leads to the recognition that

¹ de Fleury, "La psychonévrose émotive," in Sergent's *Psychiatrie*, Ribadeau-Dumas and Babonneix, vol. i, pp. 133-4.

the existence of neuroses of psychic structure is at least *within the bounds of possibility*. Later on we shall return to the latter idea.

We are now in a position to reconstruct the Freudian schema of the origin of the neuroses. Freud recognizes the fundamental part played by heredity in the formation of the neuroses. It has sometimes been maintained that he denied it. In his earlier writings some phrases are to be found that point in this direction, but since 1905 Freud has carefully stated that while he opposed the theory that regards heredity as the *sole* cause of the neuroses, he was quite ready to admit that it was *one* of the causes. He has more particularly pointed out that a very high percentage of his patients were the children of fathers who had suffered from tabes or from general paralysis, and he has in consequence asserted that parental syphilis had certainly to be taken into account as an aetiological factor in the neuropathic constitution of the offspring.¹ In 1918 he thus formulated his views on the part played by hereditary predisposition:

We do not often mention it because it is so strongly emphasized in other quarters and we have nothing new to say about it. But do not suppose that we underestimate it; as practitioners we are well aware of its power. In any event we can do nothing to change it; for us also it is a fixed datum in the problem, which sets a limit to our efforts.²

In 1926 he wrote: "It may be assumed that neurosis hardly ever develops unless there are constitutional or congenital factors increasing the possibility for such a condition."³

After heredity come all the traditionally accepted toxic and infectious factors. Freud takes as little account of them as he takes of heredity. He does not deny their importance, he occasionally testifies to it.⁴ Thus after having spoken of heredity in the passage we have just quoted, he adds: "Physical disturbances may result in a neurosis provided it also results in a weakening of the 'ego.' And this is so in very large measure."⁵ More particularly in the case of hysteria, he points out that the symptoms are not of exclusively psychic origin, and that their production requires a certain *somatic complaisance*.⁶ This notion of somatic complaisance is hardly distinguishable from Dupré's *psycho-plasticity*. The presence of an *organic backbone* in many hysterical symptoms has not escaped Freud's notice.⁷

But Freud is not interested in the search for physical factors, constitutional or acquired. Everyone is at liberty to set what limits

¹ D., p. 28 (note). ² I. L., p. 360. ³ P. L. A., p. 169. ⁴ I. L., p. 324.
⁵ P. L. A., p. 169. ⁶ D., pp. 50-2, 65-6. ⁷ D., p. 102.

he pleases to the subjects he intends to study. The division of labour is a condition of scientific progress. Freud has set himself a clearly-defined task, viz., to examine the acquired psychic factors in the ætiology of the neuroses, and he has made a final decision to pay no attention to anything else. We have not the right to conclude that he denies the existence of everything else.

Freud attributes to these acquired psychic factors a primary importance in the production of neuroses. A privileged place among them must be given to events of childhood. Most of the writers who stress the part played by heredity neglect to examine whether the elements they attribute to this factor do not, in many cases, actually derive from education, childhood influences, emotional shocks—in short, from acquired psychic elements. In strict logic, we can only fix the exact limits of the constitutional factor by first eliminating all the acquired factors. The study of the latter must therefore be given primary importance. The fact that, through our ignorance of the exact boundaries between the innate and the acquired, we are inclined to under-estimate the importance of the acquired, is a further recommendation of this procedure. All error made in following the one course ends in abstention from treatment in cases in which something might be done. But all error made in following the other (i.e. in underestimating the part played by innate factors) merely serves to encourage the expenditure of useless effort. Now it is quite clear that the risk of not healing curable patients cannot be put on the same footing as the mere loss of the physician's time.

Frink employs the language of *behaviourism*¹ to describe the formation of psycho-dynamic neuroses, and in particular to point out more clearly the part played by events of the past. It is an extremely convenient method, and in this exposition I shall follow an exactly similar course, translating the Freudian conception into the language of Pavlov's conditioned reflex. I am of course only concerned with terminology, and I do not thereby imply my own acceptance of the behaviourists' or of Pavlov's denial of the value of psychological introspection.

If we set aside such psychic processes as, for one reason or another, derive from reason, we shall be left with a mass of facts which, in a preliminary approximation, we may consider as formed by isolated or combined reflexes. "In a preliminary approximation," we say, for on closer inspection we must recognize that Pavlov's comparison of the instincts to a chain of reflexes is not satisfactory.² It takes no account of the quality of *totality* of the instinctive act,

¹ Frink, M. F., pp. 307 et seq.

² Pavlov, C. R., pp. 9-12.

and of its continual readaptation to concrete circumstances. Let us take the example of walking; it is not possible to reduce it to a series of linked reflexes, because no two steps are identical. This is even more clear in the flight of birds. But as a first approximation, it is legitimate to dismiss the quality of totality of instinctive acts, and to regard them as no more than chains of reflexes.

Pavlov divides reflexes into the absolute or innate, and the conditioned or acquired. Conditioned reflexes are based on the spatio-temporal coincidence of a hitherto indifferent stimulus and an absolute stimulus. If we make a certain sound every time we feed a dog, in time the sound is able to produce a flow of saliva in the dog. In our study of displacement in dreams, we have already pointed out the close resemblance between Pavlov's conditioned reflex and affective transference in Ribot's, but not in Freud's, meaning of the word. One might say that the conditioned reflex is a (Ribot) transference by contiguity. But as Pavlov has observed, it is not only the note used that becomes capable of provoking a flow of saliva; higher or lower neighbouring notes acquire the same power, in proportion as they approach the original note.¹ Here we might speak of a (Ribot) transference by resemblance.

Pavlov has studied the inhibition of conditioned reflexes as well as their formation. He draws a distinction between internal and external inhibition,² each being applicable to absolute as well as to conditioned reflexes. For the moment we are not concerned with internal inhibition. In order clearly to define external inhibition, let us imagine a bird impelled by an absolute and innate reflex to carry off caterpillars, and that all the red caterpillars it tries to eat have a horrible taste. After some time, it will no longer attack red caterpillars. External inhibition of an aggressive reflex by a reflex of rejection will have taken place. We might say that the colour red has become the stimulus for a negative conditioned reflex.

Careful reflection shows that the training of animals is referable to the foregoing formulae. Furthermore, we may say that until children have attained the use of reason, their education is no more than a training. Indeed, its essential characteristic is the association of the pleasant with what they are required to do, and the association of the unpleasant with what they are required not to do. Before the awakening of reason, the instructor simply develops positive or negative conditioned reflexes in the child.

These positive or negative conditioned reflexes, or habits which come to be superimposed upon instinct, have as their essential characteristic the fact that they can only be explained in

¹ Pavlov, C. R., p. 112.

² Pavlov, C. R., pp. 43-7.

terms of the past. The behaviour, for instance, of the dog which retrieves game without mauling it, can only be explained by reference to its origins. Originally the dog used to tear the game to pieces. Then he was made to retrieve an object covered with prickles. This unpleasant experience caused the formation of a negative, inhibitory reflex. The dog continues to act as though the circumstances were such as to demand the behaviour which has now become a habit.¹

In the case of the animal, Pavlov speaks only of reflexes, and uses systematically objective language. There are no objections to this, although it is contrary to all probability only to recognize motor processes in animals, and to deny the existence of cognitive and affective processes. In the case of the child, at any rate, there can be no question of adhering to such narrow formulæ, and it is quite clear that here the conditioned reflex implies the traditional factors of cognition, affectivity, and mobility.

Before giving some reply to the question of the relation of these conditioned reflexes to consciousness, we must remember that the conditioned reflex is no more than a habit. Psychologists have always pointed out that habits tend to automatism and to unconsciousness. This is of supreme importance in our discussion. An exact statement of the relation of habit to consciousness, and so to memory, is indispensable to a proper understanding of the psycho-analytical conception of the neuroses.

We may apparently speak of habit from the first beginnings of life. In a passage on *acquired vital rhythms*, Georges Bohn points out that they may be found to exist in plants, and quotes as an example *Pleurosigma æstuarii*. "These microscopic algæ," he writes, "behave like ciliated worms; at ebb-tide, they come out of the sand and form a thick brown stratum on its surface; when the tide rises, they again disappear into the sand. This takes place equally in aquarium conditions."² We are here concerned with the persistence of tide-rhythm in aquarium conditions, which shows that the behaviour of plant organisms (if we may use such an expression) is determined, in certain cases, by their past, since the reaction still occurs in the absence of the proper stimulus. If European peach-trees are planted at La Réunion, their defoliation-rhythm, which is perfectly adapted to suit our seasons, is seen *gradually* to change so as to suit the seasonal cycle of La Réunion. The foliage of the peach-trees ends by becoming semi-permanent.³ Here again a vital process

¹ Frink, M. F., pp. 308-9.

² Georges Bohn, *La naissance de l'intelligence*, p. 158.

³ Cuénot, *L'adaptation*, pp. 218-19.

continues after the cessation of the stimulus which originated it. It therefore appears that we may speak of habit in plants.

Once we accept the existence of habit in plants, i.e. at the infra-psychic level, we must grant that in itself habit is independent of all cognition. Since consciousness is no more than self-cognition, habit will *a fortiori* be independent of consciousness. This does not mean to say that the psychic faculties, both cognitive and affective, cannot be modified by habit. It simply means that the modifications of the psychic faculties resulting from habit seem to us not to be necessarily conscious.

Experience confirms this conclusion. We have said that psychologists have always observed that habit tended to unconsciousness. This is particularly clearly exemplified in movements requiring dexterity, such as fencing, skating, shorthand-writing, etc. In time these movements are carried out mechanically, unconsciously. But at first, while they were still being learnt, the higher psychism played a part. What is true of movements requiring dexterity is no less true of habits of cognition and of affectivity. In morality, it is common ground to recall that judgments thought to be determined by reason are actually occasioned by habit. We may simply refer our readers to Pascal, whose remarks on *custom* must be generally familiar. The effects of custom are perhaps even more obvious in feelings than in judgments. The tyrannical power exercised by habit over our tastes and desires was recognized long before the existence of any science of psychology.

We must therefore be careful to guard against any confusion of habit and memory. Habit is co-extensive with life. The living being acts, and since his action is not only *transitive* (directed on other beings), but *immanent* (directed on himself), he clearly enjoys the privilege of *fashioning himself*, whereas the non-living being can only *fashion*. The non-living being modifies *others*, the living modifies *himself*. Vital causality is perfected by its very exercise. The essentially dynamic phenomenon of habit is independent of cognition. It may interpenetrate it, i.e. there are cognitive habits; but it does not imply it, i.e., there are purely vital, or vegetative habits.

Memory, on the other hand, is an essentially psychic faculty. It is cognition of the past as past. But the past need not be known before it can act, leave its traces, or dynamically modify the living being. Habit easily dispenses with the services of memory.

Freud was struck by the immense importance in the psychic life of the dynamic balance of the instinctive-habitual tendencies. Mental health is simply the distribution of psychic energy between the different components of unconscious dynamism in such a

manner as to ensure the regular operation of the latter. Freud believes that the neuroses are usually psycho-dynamic disturbances, and not merely lesional or neurologico-dynamic.

In order to understand the nature of a psycho-dynamic neurosis, let us return to Pavlov's study of experimental neurosis in a dog, which we mentioned in Chapter II when we were discussing *displacement*. But do not let us forget that Freud's works on the psycho-dynamic neuroses are much earlier than Pavlov's works on this subject.

The dog is offered food, which tends to excite an absolute salivary reflex; at the same time his skin is electrically stimulated, which tends to excite defence-reactions. At first the defence-reactions are victorious, and the dog refuses the food. It is forcibly fed, and after a certain time the electric stimulus is found to have acquired the power of causing a flow of saliva in the dog, and to have lost that of causing objective manifestations of pain. The defence-reactions are therefore abolished by the formation of a conditioned reflex which is grafted onto the nutritional instinct. We can say that there is *repression* of the normal painful reaction, or at least of its motor manifestations. But the dynamic balance thus obtained is highly unstable. If the conditions of the experiment are slightly modified, it fails; not only does the dog cease its salivary flow, but it exhibits a violent defence-reaction at the weakest current, which normally would hardly have disturbed it. There is therefore *over-compensation*; apparent insensitivity to pain is succeeded by hyper-sensitivity.¹

Let us now take the case of a soldier exposed to a severe bombardment. His instinct of self-preservation inclines him to flight, but this instinct is checked and inhibited by the feeling of duty and the habit of self-control. The instinct of self-preservation may apparently be in abeyance. How can the man who lives far down-stream know how the waters are piling up behind the dam? But if that self-control, that power of self-guidance, be weakened, or the instinct of self-preservation strengthened by any new conditions, somatic or psychic, the dam will give way and the water will pour through the breach in torrents. There will be a terrible state of panic, with impulses to flight and to suicide, confusional episodes and twilight states. Long after the paroxysm of anxiety is over, over-compensatory elements will continue to make their appearance. The soldier, who was wont to remain unmoved by the most violent barrage, will now faint at the pop of a champagne cork.

The dynamic formula of Pavlov's experimental neuroses in dogs

¹ Pavlov, C. R., pp. 289-90; L. C. R., pp. 341-2.

and that of war-neuroses are clearly the same.¹ In their main outline, they are also at one with the Freudian conception. But Freud has principally studied the peace-time neuroses, and has paid almost exclusive attention to repressions bearing on the sexual instinct. Taking organic predispositions and psychic habits acquired since childhood as a basis, if a conflict arises between the sexual impulse and any system of ethical tendencies developed by education, a victory of the ethical tendencies will bring about either voluntary suppression or automatic repression. Thus a more or less stable balance will be achieved. But if any cause, somatic or psychic, comes to reinforce the repressed tendency, or to weaken the repressive tendency, this balance will be upset. We shall witness a *return of the repressed*. But the psychic barrier does not usually yield completely, and in that case there will be a *compromise-formation*. Symptoms will appear which are at first sight incomprehensible, owing to the fact that the undisguised reappearance of the repressed tendency would not be tolerated by the censor. The instinct can only slip past the psychic barrier in a disguised form.

For greater clearness, we have presented Freud's formula in a simplified form. Now we must make it rather more complex. Taking into consideration the importance of individual development, we are led to advance the concepts of *fixation* and *regression*.² Fixation occurs when a function dwells too long or too intensely on any stage of its development. Regression occurs when a function reverts to a past stage. Fixation clearly encourages regression. With this premise, we can give Freud's complete formula. When through force of circumstances the libido does not find its normal satisfaction, i.e. when there is *privation*, the frustrated instinct tends to revert to an antecedent stage, an infantile and therefore a perverse form of pleasure. Privation leads to regression.³ But the adult ego cannot adjust to these abnormal gratifications. There is therefore *psychic conflict* and repression of the libido.⁴ If the repression fails, neurotic symptom-formation takes place through return of the repressed urge. We may notice that this formula takes into account the hereditary dispositions which condition the fixation, the events of infantile life which have their part to play in the fixation, and the difficulties of adult life which give rise to regression.⁵

Symptoms therefore are nourished by the unconscious. We have already pointed out that habit tends to non-consciousness. But

¹ As Pavlov himself has pointed out. Cf. Pavlov, "La physiologie et la pathologie de l'activité nerveuse supérieure," in *L'Encéphale*, twentieth year, No. 9, Nov. 1931, pp. 686-7.

² I. L., pp. 285-6. ³ I. L., pp. 288-9. ⁴ I. L., p. 293. ⁵ I. L., pp. 303-5.

besides the non-consciousness of simple automatization, the repressed instinctive-habitual tendencies have another cause of non-consciousness, itself the result of the inhibition. It is when both these two causes of non-consciousness are combined that Freud uses the term "unconscious" in the strict sense.

The reader is now able to detect Freud's personal contribution in his ætiological schema of the neuroses. His historical point of view, his emphasis on the registration of the past, set him in the furrow already ploughed by Lamarck, whose whole biological theory may be said to be a philosophy of habit. One might also trace points of similarity between Freud and Semon, whose mnemonic conception of life, worked out in great detail, is so well known. But Semon makes hardly any distinction between habit and memory. Later, when we examine analytical methods of therapy, we shall see how the practice of his method has forced Freud to distinguish between habit and memory. His conception of this distinction brings him equally into conflict with Bergson. It is true that the famous author of *Matter and Memory* distinctly states that "the past survives under two distinct forms: first, in motor mechanisms; secondly, in independent recollections."¹ But even this formula tends to restrict the field of habit to the purely organic. All the comments which Bergson adds confirm this interpretation. While Bergson, it would appear, holds that habit and "psychicity" (if the term be allowed) are mutually exclusive, Freud holds that they are compatible without mutual implication.

The conception of repression is strictly Freud's own. Dr. Sollier, a physician who is fairly consistently opposed to him, recognizes that no psychologist except Freud has paid any attention to "the states that shackle our tendencies."² Claparède too, who is so well informed of the latest advances in psychological research, writes:

We banish painful impressions or memories from our thoughts, and repress them from consciousness. Nothing is more common, or more self-evident. Who is there who has not "put out of mind" a disagreeable thought, an offensive sight, a sad memory, or a guilty wish? Yet one may seek in vain through the pages of the largest psychological treatises without finding any mention of this common phenomenon, still less of its mechanism, its function or its consequences.³

Professor Georges Dumas also declares: "It would be impossible

¹ Bergson, *Matter and Memory*. Trans. by Nancy Margaret Paul and W. Scott Palmer. *Muirhead's Library of Philosophy* (1911), p. 87.

² Sollier, *La répression mentale*, p. 2.

³ P., p. 22 (Claparède's Introduction to the French edition).

to deny Freud's original contribution in his theory of repression, his applications of which are so ingenious and often of such far-reaching importance."¹ We should add that we believe the concept of repression to be intimately connected with that of neuroses of psychic structure. If we are not ready to accept repression, we shall be forced to have recourse either to an organic ætiology, or to the somatic consequences of emotion, for a phenomenon of pure deficiency could not be of psychic origin. If we adopt the latter solution, we shall be dealing with a neurosis which was *originally* psychogenic, but not with a neurosis of *psychic structure*. Nor does Babinski's conception of pithiatism constitute a formula of neurosis of psychic structure, for it offers no explanation of the fact that certain people are suggestible while others are not, and again we are confronted with three solutions, viz. organic causes, emotion, or repression.

Whether it be true or false, the psycho-analytical conception is the *only* one which enables us to recognize neuroses of psychic structure. It may perfectly well be true that in practice we *always* meet physical predisposing causes, nor would Freud dream of denying this. But he is uncompromising in maintaining that neuroses of psychic structure are *within the bounds of possibility*. This is meaningless except in terms of repression. Freud is certainly no philosopher, but he has grasped, with an extraordinary lucidity, the application in the limited field of the neuroses of a metaphysical principle unknown to him, that the ultimate root of evil lies in the opposition of goods.

III. Analytical Therapy of the Neuroses

We have seen that in Freud's view psycho-dynamic neuroses are the result of a disturbance of balance between various antagonistic instinctive-habitual tendencies. Neuroses of organic ætiology are, by definition, outside the scope of analytical therapy. We may now ask what is the nature of this psycho-analytical treatment.

In order to understand its fundamental character and its novelty, we must trace its history. We shall at the same time see how Freud was led to his ætiological conception of repression.

As Freud himself has acknowledged, the pioneer of psycho-analysis was the Viennese physician Joseph Breuer.² Between the years 1880 and 1882, Breuer had a young hysterical girl as a patient. He had noticed that

¹ Georges Dumas, N. T. P., vol. i, p. 355.

² P., p. 181 et seq.

the patient, in her states of "absence," of psychic alteration, usually mumbled over several words to herself. These seemed to spring from associations with which her thoughts were busy. The doctor, who was able to get these words, put her in a sort of hypnosis and repeated them to her over and over, in order to bring up any associations that they might have. The patient yielded to his suggestion and reproduced for him those psychic creations which controlled her thoughts during her "absences," and which betrayed themselves in these single spoken words. These were fancies, deeply sad, often poetically beautiful, day dreams, we might call them, which commonly took as their starting-point the situation of a girl beside the sick-bed of her father. Whenever she had related a number of such fancies, she was, as it were, freed and restored to her normal mental life.¹

Encouraged by this first result, Breuer extended and developed his method. Before long he noticed that

through such cleansing of the soul more could be accomplished than a temporary removal of the constantly recurring mental "clouds." Symptoms of the disease would disappear when in hypnosis the patient could be made to remember the situation and the associative connections under which they first appeared, provided free vent was given to the emotions which they aroused. There was in the summer an intense heat, and the patient had suffered very much from thirst; for, without any apparent reason, she had suddenly become unable to drink. She would take a glass of water in her hand, but as soon as it touched her lips she would push it away as though suffering from hydrophobia. Obviously for these few seconds she was in her absent state. She ate only fruit, melons and the like, in order to relieve this tormenting thirst. When this had been going on about six weeks, she was talking one day in hypnosis about her English governess, whom she disliked, and finally told, with every sign of disgust, how she had come into the room of the governess, and how that lady's little dog, that she abhorred, had drunk out of a glass. Out of respect for the conventions the patient had remained silent. Now, after she had given energetic expression to her restrained anger, she asked for a drink, drank a large quantity of water without trouble, and woke from hypnosis with the glass at her lips. The symptom thereon vanished permanently.²

This case put Breuer in possession of two very important results. From the ætiological point of view, it showed that a symptom may depend upon memories which a person is not capable of recalling voluntarily, i.e. unconscious. From the therapeutic point of view, it showed that the mere reintegration of the traumatic memory in the field of consciousness, with emotional abreaction, may have a

¹ P., p. 184.

² P., pp. 184-5.

curative effect. The whole of psycho-analysis was to develop on this dual basis.

Breuer told Freud, who was then a young and unknown physician, of his two discoveries. Freud tells us categorically that this communication took place before his journey to Paris to study under Charcot.¹ Freud attended the Salpêtrière from the autumn of 1885 to the summer of 1886,² and came strongly under the influence of Charcot. That influence he has never sought to conceal, but has always made a point of representing himself as a pupil of the famous French neurologist. But as far as the two fundamental points of the psycho-genesis of hysterical symptoms and of their cathartic cure are concerned, he has firmly maintained that he owes nothing to Charcot, and still less to Pierre Janet, but that his only master was Joseph Breuer.

When he returned to Vienna, Freud followed the trail blazed for him by Breuer. But the latter made no haste to publish his discoveries, so that he was outdistanced by Janet, who expounded his famous theory of *Psychological Automatism* in 1889. In this work he developed the concept of the dependence of certain hysterical symptoms on unconscious representations in a really masterly manner.³ It was not until 1893 that Breuer and Freud published their first article on *The Psychic Mechanism of Hysterical Phenomena*. There is therefore not the slightest doubt about Janet's priority of publication. In 1895 Breuer and Freud gave the public a more extensive work called *Studies of Hysteria*.

If we go back therefore to the year 1894, we find the following situation. Janet had used his own methods to discover the existence of *subconscious fixed ideas*, and had been the first to make his discovery known to the world of science. General opinion could only regard Breuer and Freud as Janet's disciples. Yet from this period there grew to be a very clear difference between Janet's methods of therapy and those of the Viennese physicians. Janet made use of hypnosis in order to discover the subconscious fixed idea. Once it was found, he brought various means of attack to bear upon it, either disintegrating it by assailing its component elements one by one, or, in dealing with a stable formation such as a visual hallucination, by employing the method of substitution. One of his patients, named Justine, suffered from an *idée fixe* of cholera. Janet sought to modify the memory of cholera victims by suggestion.

I sought [he writes] to change the aspects of the corpses, and in particular I spent several sessions in trying to give them clothes.

¹ A. S., p. 33.

² Wittels, F., p. 27.

³ Cf. for example the typical case-history of Marie, in Janet, A. P., pp. 436-40.

There was a certain success with the hallucination first of one garment, then of another; until at last the principal corpse appeared dressed in the costume of a Chinese general which Justine had seen at the Exhibition. But complete success was attained when I contrived to make the Chinese general get up and walk; he ceased to inspire fear, and added a touch of humour which had a most favourable effect.¹

Another patient of Janet's, called Achille, believed himself to be possessed. By means of hypnosis Janet discovered that this idea of diabolic possession was simply a substitute for remorse; during a journey, Achille had been unfaithful to his wife. Janet once more employed the same method of treatment. The memory of his offence was completely transformed by means of suggested hallucinations. "At last, at a suitable moment, Achille's wife herself was called up by hallucination, and made to grant her husband, who was unfortunate rather than culpable, a complete pardon."² The delirium of demoniac possession was completely cured.

These examples suffice to show the essential characteristics of the method of therapy which Janet was using in 1894: it was essentially active and synthetic. On the other hand, Breuer and Freud were of the opinion that the simple reintegration of the traumatic memory in the field of consciousness, with emotional abreaction, was enough to cure the symptom. Janet criticized this point of view:

I am delighted to see that two German writers, MM. Breuer and Freud, have repeated my old studies of subconscious fixed ideas. They have observed, as I did, very serious irregularities determined by fixed ideas which the patient could not express, and of which he was even quite unaware. The existence of such ideas could only be displayed during attacks, dreams, somnambulism, or by subconscious acts or automatic writing. In short, these ideas remained below, or rather outside, normal consciousness. MM. Breuer and Freud concluded that these ideas were dangerous from the very fact of their being hidden, and because they had insufficient external expression. To effect a cure, it was enough to facilitate the external expression of the *idées fixes*; as soon as the patient should admit this *idée fixe* in a state of somnambulism, he would be cured. These somewhat theoretical remarks seem to me to contain some fairly accurate points. It is true that persons of this kind feel a great pleasure in expressing their subconscious fixed ideas during somnambulism; they have a strange need to confess. It thus seems to me necessary, as I have often pointed out, to investigate the deeper levels of the consciousness, and these *idées fixes* must be brought to light

¹ Janet, N. I. F., vol. i, p. 164.

² Janet, N. I. F., vol. i, p. 404.

before any attempt is made to cure them. But unfortunately that is but the first and the simplest part of the work; for an *idée fixe* is not cured when it is expressed—far from it. Did Justine, in her countless attacks, give no sufficient expression to her *idée fixe* about cholera? A word is enough to make her express it still, but are we to consider this new expression, i.e. this new attack, as a cure?¹

This quotation from Janet shows that as far back as 1894 there was an unbridgeable gulf between Vienna and Paris. Breuer certainly did not rest his case on "somewhat theoretical remarks," as Janet believed. He had, on the contrary, discovered a therapeutic method without looking for it, by the objective observation of the results of catharsis. Freud was to remain immovably faithful to his master's point of view. From the outset of the long evolution of analytical therapy, its essential quality is perfectly clearly outlined: it is purely reductive. All direct use of suggestion in combating the symptom is forbidden. It was to remain completely aloof from the process of substitution recommended by Janet.

If we are really to grasp the essential nature of analytical treatment, we must refer to the distinction between habit and memory. Habit naturally tends to mechanization and to unconsciousness. Consciousness, as Bergson observes, "lies dormant when life is condemned to automatism; it awakens as soon as the possibility of a choice is restored."² But must we admit that the re-awakening of consciousness is only the *effect* of the possibility of choice? Breuer's observations show that this assertion may be taken the other way. Conscious apprehension is the means of re-establishing the possibility of choice, of breaking away from automatism. *The essence of analytical cure consists in resolving morbid habits by reducing them to the memory of the events from which they sprang.* This point of cardinal importance has been much misunderstood. In particular, the relations between analytical treatment and suggestion have been very inaccurately interpreted. At first Freud used hypnotic suggestion as a means of bringing forgotten pathogenic memories back into the field of consciousness. But analysis effects its cure solely by extending the field of conscious control. The means of extending this field may have been subject to variation—as we shall see, hypnosis has been replaced by other techniques—but the fundamental therapeutic principle has remained unaltered.

Breuer's discovery [writes Freud] still remains the foundation of psycho-analytical therapy. The proposition that symptoms vanish when their unconscious antecedents have been made conscious has

¹ Janet, N. I. F., vol. i, p. 163.

² Bergson, *Creative Evolution*, p. 275.

been borne out by all subsequent research; although the most extraordinary and unexpected complications are met with in attempting to carry this proposition out in practice. Our therapy does its work by transforming something unconscious into something conscious, and only succeeds in its work in so far as it is able to effect this transformation.¹

In 1894, Freud was in agreement with Janet on two points, viz. the dependence of hysterical symptoms upon subconscious fixed ideas, and the possibility of revealing these fixed ideas by hypnosis. But in the field of therapy, Freud held simply to the cathartic method, whereas Janet had recourse to various methods of suggestion or re-education. When the collaboration between Breuer and Freud came to an end—largely because of Freud's ideas on the sexual ætiology of the neuroses²—Freud continued his investigations alone. He disliked hypnosis as a means of investigation. The results obtained by this process were too unstable. The affective relation of the hypnotized to the hypnotizer—which Janet was studying independently as *somnambulistic influence*, and *somnambulistic passion*³—was seen to be a factor of supreme importance. Moreover hypnosis was not a method of investigation which could be applied to all neurotics. Janet himself observed that it almost inevitably failed in the case of obsessionals and psychasthenics.⁴ Freud had not only been Charcot's pupil, but in 1889 he had followed Bernheim's course of lectures, and taken part in his experiments. He had been very much struck by the following fact: On awakening from hypnosis, subjects appeared not to be aware of what had taken place during that state. But Bernheim was insistent, assuring them that the memory would return if they wanted it to do so, and at last the memory did make a progressive reappearance.⁵ Freud therefore abandoned hypnosis, and made use of suggestion in the waking state in order to investigate traumatic memories. This change in the technique of investigation led him to form an idea of the structure of the neuroses quite different from that which he had hitherto accepted, in accordance with the views of both Breuer and Janet.⁶ He observed that the return to consciousness of pathogenic memories took place in peculiar conditions. *Emotion reappeared before its content*.⁷ Disagreeable affective states invaded the patient's consciousness without his being aware of their origin. The patient would naturally tend to make a diversion, to think of something else, in order to disperse this invasion of painful impressions for which he

¹ I. L., p. 237. ² A. S., pp. 39–47. ³ Janet, N. I. F., vol. i, pp. 423–80.

⁴ Janet, O. P., vol. i, pp. 330–3.

⁵ P., p. 192; I. L., p. 85; A. S., p. 49.

⁶ A. S., p. 50.

⁷ de Saussure, M. P., p. 160.

found no explanation. Before the memory could reappear, the patient had to succeed in overcoming this instinctive reaction of brushing it aside. Freud, in short, observed that *the pathogenic memory was kept in the unconscious by a true defence reaction*. Thus he arrived at the idea of *repression*.¹

The idea of repression entailed a radical recasting of the accepted theories on the structure of the neuroses. Freud immediately made a general application of his new point of view. If the *memory remained unconscious* through repression, was it not reasonable to suppose that *it had become unconscious* through repression? Freud completely broke with Janet's conception of hysteria as an exhaustion neurosis. We have already seen the consequences entailed by the substitution of the idea of conflict for that of deficit, and we shall not return to cover the same ground. Let us simply note that Janet too had observed that disagreeable emotion may enter consciousness while the representation from which it originates remains buried in the unconscious, but that he did not draw from this fact the same conclusions as Freud drew.² He contented himself with showing that this fact constituted a serious argument against the theory of pure affective states. A very probable reason why Janet did not turn in the direction of repression is that he did not practise cathartic therapy and continued to use hypnosis as an exploratory technique.

To the original disagreement between Janet and Freud on the efficacy of the purely cathartic treatment, there was now added a second disagreement concerning the ætiology of hysterical disorders. Henceforward the two scientists were to have no ideas in common except those of the pathogenic influence of the unconscious and the possibility of investigating it by hypnosis. But while Freud still admitted that hypnosis could be thus used, he himself had already discarded its use. He made still further advances in the same direction. It is at this point that we may place the discovery of the essential technique of psycho-analysis, viz. the associative method. It was not long before Freud noticed that the traumatic memory was not the first to reappear, but was preceded by a series of representations all more or less resembling it. Then he took his decisive step. He no longer suggested the recovery of the pathogenic memories to his patient, but simply asked him to suspend all criticism and all voluntary direction of his thought, and to let the psychic current flow, describing its progress to the analyst. Freud had indeed perceived the unconscious affective thematism of spontaneous

¹ P., p. 192; A. S., pp. 50-1.

² Janet, N. I. F., vol. i, pp. 167-8; vol. ii, pp. 82, 116, etc.

associations. Henceforward he was in possession of an absolutely new exploratory technique, of which neither Breuer nor Janet had the slightest suspicion. Dreams appeared in the flow of associations, and as we have seen, Freud discovered that they too were derived from the unconscious affective thematism, and that they enabled him to explore unsuspected depths. Failed acts, too, formed a thread in the web of psychic determinism, which was never again to be torn asunder. The fact is that the principle of causality was Freud's guiding idea.¹ Every effect is a sign of its cause. This old Aristotelian axiom sums up in one swift intuition all Freud's psychological researches.

In retracing the history of analytical therapy, we have given an account of nearly all the beginnings of psycho-analysis. We hope that the special characteristics of psycho-analytical treatment have been fully brought out. As the name "analysis" shows, Freudian therapy is purely reductive. Its aims are purely destructive. It firmly opposes all attempts at construction, whether by suggestion, or persuasion, or re-education.² Psycho-analysis is the very antithesis of *psychagogy*, to use the highly expressive term of German writers. It is therefore absolutely distinct from the methods of Janet, Déjerine, Dubois and Babinski, which all attack symptoms more or less directly, and are all constructive and psychagogic. Not only is the patient never told in analysis that he is wrong to feel such and such a phobia, or such and such an obsession, or to give credence to such and such a delusion (for some psycho-analysts have been bold enough to tackle certain delusional ideas, and sometimes successfully), but attempts are made to provide him with means of grasping the *causes* of his phobia, his obsession, and sometimes even of his delirium. In studying dreams we laid great emphasis on the distinction between truth and intra-psychic causality. Psycho-analysis has absolutely nothing in common with a logical refutation or active education; it aims simply at the bringing into consciousness of the morbid causality. A symptom is never attacked frontally, but from the rear. Every psychic disturbance, however absurd it may be in appearance, has its causes, and we have but to discover them in order to master them. Instead of saying to the patient, "You are wrong to think so," the psycho-analyst says to him, "This is why you think so," or rather he guides him to say for himself, "This is why I think so." Apprehension of the causes of error frees from error. Habit dissolves in memory. Automatism yields to consciousness.

Now that the historical account of the formation of analytical

¹ P., p. 197.

² de Saussure, M. P., pp. 147-51.

therapy has enabled us to understand its spirit, we are in a position to consider it at work.

A few conversational sessions with the patient seated are a useful means of giving him confidence. (This precaution has been introduced comparatively recently.) Only then does the true psycho-analysis, with the patient "lying down," begin. The analysand, lying comfortably on a couch, in half darkness, is asked to record the flow of his thoughts "phonographically," without criticism or voluntary direction. At first he is clumsy, giving a connected account, or even asking the psycho-analyst questions. The latter does not reply. The patient starts again, telling a more or less personal story. Still the psycho-analyst is silent. This may go on for several sessions.¹

While the patient is speaking, the psycho-analyst is listening carefully. He is not so much concerned with the truth or falsehood of the patient's remarks, as with the affective tendencies, the traits of character which are revealed during his narrative. He seeks to form some preliminary notion of the unconscious affective themes which govern the flow of associations. He thus contrives to obtain a "characterological outline" of his patient.

The patient does not always speak; sometimes he is silent. Actually, these silences are very telling, for their place in the tissue of the narrative often throws light on their cause. For the psycho-analyst they act as pointers to what is painful. At other times the patient starts on a certain track and suddenly changes his direction. Here again he betrays his secret in the very intention to preserve it. It may be, and very often is, a case of conscious dissimulation. Often, too, it is a simple defence-reaction. Feeling a disagreeable impression which arises from some memory buried in the unconscious, the patient, without really knowing why, makes haste to speak of something else. This is what Freud calls *resistance*. In the early years of psycho-analysis Freud's principal aim was to bring repressed memories directly to the surface. Later he realized that this process contained many defects. It was much better to resolve the resistance itself. Once this was liquidated, the return of the repressed to the field of consciousness would take place spontaneously. Since the resistance is only an instinctive-habitual tendency which has acquired a non-conscious quality through automatization, it may be overcome by being simply reintegrated in the field of consciousness. The psycho-analyst therefore begins to break his silence, helping the patient to become aware of his resistances. The fundamental process is always the same, viz. the self-correction of reflexes

¹ de Saussure, M. P., pp. 155-6.

by conscious apprehension.¹ But in the first place it is applied to the repressive tendencies instead of to the repressed tendencies, which makes the business very much easier.

Resistance is manifested in a number of forms which may be intellectual as well as affective. The psycho-analyst never attacks this resistance directly. As often as he can, he avoids having recourse to logical refutation or to affective suggestion. We may, in short, say that he should never do anything but analyse.

Recovery of consciousness is an intuition and not a deduction. We must be careful not to confuse *interpretation* and *de-repression*. It is comparatively easy for the psycho-analyst to become aware of the affective thematism which governs the patient's associations. He can foresee, in broad outline, the revelations which his patient will make to him, long before the latter is aware of the direction which he is following. But for the psycho-analyst to communicate his conjectures to the patient would be a serious error in technique.² The psychiatrist must only use his interpretations in order to help his patient to achieve the de-repression of his unconscious memories *himself*. Just as in sensation, which is concerned with present existence, there is a hint of privileged certainty, so there is also in memory, which is concerned with past existence. The reference to existence is something original and irreducible. To remember events of childhood and to hear events of childhood narrated without remembering them, are two psychic attitudes which it would be fatal to confuse.³ Only in the first case is there a widening of the field of consciousness, the recovery of a latent but undestroyed memory. In the second case, on the other hand, there is acquisition of new knowledge which offers no other guarantees but the authority of the narrator, a colourless knowledge lacking the essential component: *intuitive certainty of past existence*.

We see now the gulf which separates interpretation from de-repression. Certain writers have blamed psycho-analysis for relying on a realist conception of memory. This is perfectly true, but before they have the right to apply this observation as a criticism, these psychologists ought in good logic to declare that there is no qualitative difference between reconstructive reasoning and memory. The knowledge possessed by the astronomer of the position of Neptune a hundred thousand years ago, and the memory which returns to him of words spoken the evening before, would thus be strictly of the same psychological type. This is the paradox which must be

¹ Auguste Marie, *La psychanalyse et les nouvelles méthodes d'investigation de l'inconscient*, pp. 263-4.

² I. L., pp. 237-8.

³ I. L., p. 364.

maintained by those who would claim that the recovered and recognized memory had no existence during the period of forgetting.

Interpretation is only useful in proportion as it assists de-repression. It cannot be too often restated that psycho-analysis is not an ideational cure. Its aim is to effect a real modification of the psychism. It deals with what is individual and has existence at a given moment in time.

The end of analysis is de-repression with its cathartic effect, and self-correction of morbid reflexes. The first stage towards this end is the resolution of resistances. When the first resistances have been liquidated—sometimes even from the beginning of the treatment—the psycho-analyst comes up against the strange manifestations of *transference*.

Freud defines transference in the following terms:

The transference consists of new editions or facsimiles of the tendencies and phantasies which are aroused and made conscious during the progress of the analysis. The characteristic of transference is that it substitutes the physician for a figure of the past. To put it another way: a whole series of psychological experiences are revived, not as belonging to the past, but as applying to the person of the physician at the present moment.¹

I prefer—in order to continue our study of psycho-analytical treatment from the point of view of habit and memory—to give another definition. *Transference is the manifestation of the morbid habits of the patient towards the psycho-analyst.* Let us take the case of a neurotic who was terrified in childhood by a brutal school-master. He has more or less completely forgotten the painful scenes in which he figured. In the course of analysis he will manifest inexplicable attacks of terror towards the physician.

This example clearly shows that transference derives from habit and not from memory. As we have already pointed out, habit must not be restricted to the field of motility. There are cognitive and affective habits, acquired dynamic dispositions which modify psychic faculties. These psychic habits tend, just as do the motor habits, to automatism and non-consciousness. They are in no way identical with the memory of the events which gave rise to them. We have seen, moreover, that the whole of psycho-analytical treatment is based upon the dissolution of habitual automatisms by recovery of consciousness, by a mnemonic recollection of the incidents which led to the formation of the habit.

Transference is easy to understand from this point of view. To

¹ D., p. 139.

say that transference takes place is simply to premise that the cure of neurosis does not generally take place all at once. A psychodynamic neurosis is a system of partially repressed morbid habits, discharged in an anomalous manner. One of the first consequences of the treatment will be that these morbid habits, instead of being manifested towards the patient's environment, will be exteriorized towards the physician. "An analysis without transference is an impossibility," writes Freud. "It must not be supposed, however, that transference is created by analysis and does not occur apart from it. Transference is merely uncovered and isolated by analysis. Transference is a human phenomenon of general application."¹

We have given a definition of transference in philosophical language, when dealing with habit and memory. We might just as well use reflexological language, and say that transference is the reactivation of a conditioned reflex. Finally, from the point of view of the psycho-analytical classifications, transference is a species of the genus displacement. All these formulæ are, in the long run, equivalent.

In the course of treatment, the analyst's attention must be focused in two directions. He must follow both the memories of his patient, i.e. the representative aspect of the neurosis, and at the same time his affective behaviour, i.e. the dynamic aspect of the neurosis. *Recollection* and *repetition*, each issuing from the past by a different process, form the double basis whence analysis starts on its return journey, viz. the reduction of the present to the past.

The phenomena of transference, [writes Dr. Loewenstein] implement the patient's narrative. Together with the sum total of the patient's memories, they give the image of the neurosis. All the phenomena of transference on the one hand, and all the memories on the other, stand to the neurosis in the relation, as it were, of a diagram, representing the projections of a machine on two different planes.²

We may distinguish two different forms of transference, positive and negative. Positive transference includes the whole scale of feelings favourable to the analyst; negative transference, the whole scale of feelings hostile to him. But positive transference itself contains two varieties, sympathetic transference and erotic transference.

Sympathetic transference is a group of feelings of confidence and friendship manifested towards the analyst, without sufficient justifica-

¹ A. S., p. 76.

² Loewenstein, "La technique psychanalytique," in *Revue de Psychanalyse*, vol. ii, No. 1, p. 130.

tion in the actual state of affairs. The latter quality shows that it is not a reaction definable in terms of actuality, but a repetition of affective states once experienced in real life towards certain people, and then adapted. The psycho-analyst makes use of this affective anachronism for the purposes of his treatment. He uses the influence it gives him over the patient. We may therefore say that psycho-analysis uses suggestion.¹ But we must carefully avoid the misunderstanding of which so many writers have been guilty. Psycho-analysis never makes use of direct suggestion as a weapon against symptoms. One thing, and one thing only, is suggested to the patient, and that is that he can remember the past and fill the gaps left by his amnesia. The curative factor in psycho-analysis is the unconscious memories, and not the means used to set the mechanism of recovery of consciousness in motion. Sympathetic transference working by suggestion may be compared to a relay: the effect produced by the extension of the mnemic field is out of all proportion to the power of the suggestive stimulus whose function it is to procure that enlargement of the mnemic field. The part played by suggestive transference may further be compared to that of a variable auxiliary factor introduced into a calculation, which disappears in the final result. The truth is that a success of transference, that is to say, an improvement simply due to suggestion, is not a psycho-analytical success. Transference is only a transitory means, used because of the necessity of disposing of some source of affective energy, which the patient must learn to do without. Before the end of treatment, the transference itself must be analysed and thus destroyed. Transference, being habitual, must be demolished by reduction to the memory of the events of whose affective consequences it is the mere repetition. Analysis must only cure analytically. The only improvements from which the patient can ultimately be said to profit are those which result from the self-correction of morbid reflexes by the enlargement of the field controlled by consciousness.

The erotic transference seems to have created a great stir. Its basic mechanism is the same as that of sympathetic transference. It was, moreover, known and recognized long before psycho-analysis. If an unsatisfied woman, with heavy arrears of both sensuality and sentiment to dispose of, meets a confidant, she practically inevitably falls in love with him. All those whose duty calls upon them to receive intimate revelations—confessors, physicians, or lawyers—run the risk of becoming objects of passion to the neurotic women who confide in them. The same misadventure naturally threatens

¹ I. L., pp. 373-4; A. S., p. 77; P. L. A., p. 129.

psycho-analysts. It is, indeed, the common risk run by all those whose office binds them to professional secrecy.¹

But the attitude of the psycho-analyst towards erotic transference is completely different from that of other counsellors and confidants. The latter quickly reach a very simple solution; they refuse to receive the woman who has fallen in love with them, and they bar her from their door. It may be a solution for them, but it is hardly one for the patient, for that is the only name that suits her condition. The repulsed woman will form another amorous fixation, and her psychic state will simply be aggravated. In such cases, the psycho-analyst does not consider it is his duty to dismiss the patient at once. Her affective behaviour must clearly have a cause. It would be strange indeed if these causes were always innate, derived from heredity alone, or purely somatic. It is probable that some of them at least must be acquired and of a psychic order. It follows that all hope of cure is not lost. An erotic paroxysm is a manifestation of instinctive-habitual tendencies. The habitual element can often be attacked by analysis, and disintegrated by reduction to memory. Once the acquired psychic superstructure has been demolished, the exact part played by constitutional factors, upon which psycho-analysis can make no impression, may be ascertained. It is also possible that these constitutional factors may be preponderant, in which case the psycho-analyst is going to meet with disaster. It is here that we find the nosographic point of view, which Freud's followers so often disregard, of supreme importance. The outcome of the struggle depends on the certainty of the initial diagnosis. If the analyst, disregarding classifications, has labelled as "neurosis" what is really a beginning of delusional erotomania, he is simply risking his life.

The affective transference [writes Dr. Heuyer] may have serious consequences when certain unbalanced women fall "in love with their doctor" and end in *erotomania*. Since Clérambault's researches, the characteristics of this form of erotism (which is always extensive, progressive and aggressive), and the manner in which it may pass from love to hate, entailing the risk of murder, have been well known. Now in the course of psycho-analytical treatment, no limit may be set to check the affective transference when it threatens to develop in the direction of erotomania and to become dangerous.²

Freud does not disguise the risks of treatment in any manner, but he holds that for a psycho-analyst to close his door at the first manifestations of transference would be cowardice.

¹ Since writing this passage I have found exactly similar observations in Dr. Allendy's work, *La psychanalyse*, p. 151. (D.)

² Heuyer, "La psychanalyse," in *Psychiatrie*, by Sergent, Ribadeau-Dumas, and Babonneix, vol. i, p. 77.

It would be approximately analogous [he writes] to calling forth spirits and then running away, as soon as they put in an appearance. Of course, there is no other way out sometimes. There are cases in which it is impossible to master an unshackled transference, and the analysis must then be terminated. But at least one must wrestle with these wicked spirits to the best of one's ability.¹

The psycho-analyst acknowledges that he is as powerless as anyone else before the mounting tide of what Clérambault calls "*délire passionnel*," but he claims the privilege of being the last to abandon his patients.

But by no means all sexual transferences turn into erotomania. If the initial diagnosis has been correct, and if it is only a case of neurosis, the psycho-analyst has a chance of remaining master of the situation. The impulses of passion manifested towards the psycho-analyst are simply one among the symptoms of the neurosis, and nothing else. It makes no difference whether the morbid affective behaviour of a patient is manifested towards those who surround her, or towards her psychiatrist; the erotic transference can be analysed and destroyed by analysis. The psycho-analyst will show his patient that he remains completely unmoved by her morbid demonstrations, and will gently lead her from repetition to memory. In order to illustrate these theoretical considerations, here is a simple example of erotic imputation by transference which I borrow from Dr. Loewenstein.

In the first session of her analysis, a girl suddenly stopped in the middle of a sentence. I pressed her to let me know the thought which had come into her mind. She confessed that on hearing me light a cigarette, she had thought I was exposing my genitals. I explained to her the nature of transference, and told her that in childhood she must have been curious to see male organs. She then remembered several occasions on which she had seen exhibitionists, which had made a great impression on her.²

The ridiculous suspicion of her physician entertained by the patient is inexplicable by present conditions, but since it cannot be without cause, it must originate in the past. Directed by the psychiatrist's explanation, the girl passed from the habit of accusing men of exhibitionism to the memory of the events which gave rise to this habit, and so the automatism was broken.

Freud is quite uncompromising on the question of the relation between erotic transference and sympathetic transference, and

¹ P. L. A., p. 134.

² Loewenstein, "La technique psychanalytique," in *Revue de Psychanalyse*, vol. ii, No. 1, p. 131.

presses the application of his sexualist conceptions, which we described in the previous chapter, to its final conclusion. Every sympathetic transference, in his view, has an unconscious sexual basis. He thus explains his meaning in a technical article *On the Dynamism of Transference*:

All the feeling relationships of sympathy, friendship, trust, and so on, that we can make use of in life are genetically connected with sexuality and have developed from purely sexual desires through weakening of the sexual aim, however pure and spiritual the form in which they may present themselves to our conscious self-perception. We knew only sexual objects to begin with; psycho-analysis shows us that the merely treasured or respected persons of our actual environment can still remain sexual objects for the unconscious in us.¹

Here there is a clear collusion between the methodological and the systematic point of view. We have stated the question of transference in philosophical as well as in reflexological language, and whatever terminology may be adopted, the ideas involved can be accepted by all psychologists. It is extremely important carefully to distinguish the psychology of transference from the interpretation which Freud gives of it in terms of his system of classification of the instincts, and of the theories which he has worked out of the extension of the field of sexuality. In such a question, it would be fatal to confuse psycho-analysis and Freudism, method and doctrine. We shall reserve discussion of Freud's sexual theories, as well as of the exact importance of his methods, for the second part of this work, but we must here and now distinguish the problem of transference from the problem of sexuality. In itself, the general psychology of transference implies no statement of the nature of the instincts which play a part in it, no privilege accorded to the sexual instinct, and no systematic view of the delimitation of the frontiers of sexuality.

Freud, on the other hand, takes no care to distinguish his method from his doctrine. He regards his work as forming a solid whole. He is particularly devoted to his sexualist interpretation of transference, for it is bound up with his ætiological theory of the psychoneuroses. This is how Jones, the most considerable of Freud's disciples, sums up his master's ideas on the origin of the psychoneuroses.

Increased knowledge in ætiology means an increased precision in estimating the relative significance of the various pathogenetic

¹ Quoted in Jones, P. P., p. 357. The German text is to be found in vol. vi of the *Gesammelte Schriften*, p. 60.

factors. In place of an ill-defined group of banal causes, we come to distinguish a specific cause for each disease, and, by the side of this, various predisposing and exciting factors. For instance, whereas thirty years ago general paralysis was thought to be due to the combined action of a variety of agents, such as heredity, mental strain, alcoholism, and so on, it is now known invariably to result from a specific cause—namely, syphilis—the other factors playing a relatively subordinate part in its production. In the past fifteen years, thanks to the researches of Freud, we have learnt to recognize the specific cause of the neuroses—namely, some disturbance of the sexual function; in other words, one maintains that no neurosis can possibly arise with a normal sexual life.¹

Freud considers that the observation of the phenomena of transference is the principal factor in establishing this theory of the monosexualist ætiology of the neuroses.

The fact of the transference appearing, although neither desired nor induced by either physician or patient, in every neurotic who comes under treatment, in its crude sexual, or affectionate, or hostile form, has always seemed to me the most irrefragable proof that the source of the propelling forces of neurosis lies in the sexual life. This argument has never received anything approaching the degree of attention that it merits, for if it had, there would really be no choice but acceptance. In my own conviction of the truth it remains, beside and above the more specific results of analytical work, the decisive factor.²

We have considered the problem of sexual transference by adopting the point of view of a woman being analysed by a man. When patient and analyst are of the same sex, the manifestations are fundamentally the same. Freud concludes from this that we are dealing here with reactivation of a homosexual component.³ But since genital reactions are usually absent, we are obliged to speak of platonic homosexuality, and again the vexed question arises, what are the criteria whereby we may recognize the sexual character of an emotion? The same question arises in many other cases in which the analyst and the patient are of different sex, for in such cases too genital reactions are often absent. We see that really the argument from transference in favour of the monosexualist ætiology of the neuroses implies acceptance of Freud's theoretical views on the classification and the delimitation of the instincts. That is why we have insisted upon dealing with erotic and sympathetic transference separately. Affective transference is a general psychological fact, the acceptance

¹ Jones, P. P., p. 384.

² H. P. M., p. 293.

³ I. L., p. 370.

of which does not logically imply any particular conception of sexuality.

After having studied sympathetic and erotic transference, there still remains something to be said on negative transference. This consists in the growth of feelings of hostility towards the psycho-analyst, with nothing in the situation to justify the appearance of such sentiments. This again is a case of reactivation of old affective habits which must be destroyed in the same manner. Negative transference is of particular importance when patient and psycho-analyst are of the same sex.¹

The analysis of spontaneous associations and the analysis of the transference are naturally supplemented by the analysis of dreams, which plays a great part in the treatment. It enables the analyst to conjecture the patient's reactions. It is often the patient's best means of achieving de-repression, and of recovering mnemonic intuition of the past events which conditioned his morbid habits. Freud does not ask his patients to relate their dreams, he waits till they do so of their own accord. His followers have usually adopted the same rule.²

In order to illustrate these theoretical considerations of psycho-analytical treatment, we shall give a summary of an example borrowed from Frink, which throws interesting light on the nature of transference.

A patient consulted Frink on account of feelings of anxiety and depression. He himself explained that these symptoms had begun about a year after his marriage. He could not in any way blame his wife, who was very beautiful, intelligent and refined, and who had an excellent character. He admired her from every point of view, and recognized that she was an ideal companion. But to his great astonishment, he found himself day by day drifting away from her. It was not as though she were at all frigid. Without understanding why, he realized with alarm that she was becoming more and more a stranger to him, and that he was giving way to erotic day-dreams about certain women. He had tried to break himself of this, but without success. He became deeply discouraged, lost all interest in life, neglected his business, and finally made up his mind to seek the help of a psychiatrist.³

During one of his first visits, he told Frink that he had been quite ignorant of sexual relations until the age of ten. A boy had then told him of it, but he had refused to believe him, and said: "Such things may be true of some people, but I know my mother would never have done anything so dirty." Frink at once took the opportunity

¹ I. L., pp. 370-1.

³ Frink, M. F., pp. 317-18.

² de Saussure, M. P., p. 166.

of this confidence, which had not been by any means the first, to explain that in all probability his lack of passion towards his wife was only apparent. Fundamentally he felt really attracted towards her, but that attraction was inhibited by old habits going back to childhood and due to certain incidents of his education. No doubt, when he was a child, he had exhibited an improper sexual curiosity towards his mother. This curiosity had been fought, and gradually a habit of sexual inhibition had been formed. He had completely dissociated tender feelings from genital impulses, and in consequence had failed to establish towards his wife that union of tenderness and sensuality which characterizes the adult phase of the sexual instinct. That was the origin of his disappointment in marriage.¹

The patient was immensely struck by this explanation. He added, to confirm it, that in his adventures before marriage the only women who had been able to satisfy him completely had been those whom he had had some reason to esteem lightly before any experience with them. He had never been attracted by "respectable" women, but only by those of doubtful repute.² The patient recognized that Frink was perfectly right on this point. But on the other hand, he had no memory at all of ever having felt any but purely filial affection for his mother, and his memory contained not the slightest trace of any improper curiosity concerning her.³

Frink's explanation caused a slight improvement in the patient's relations with his wife, but it lasted but a short time. He soon began to doubt whether the analyst's interpretation had been correct. If his sexuality had been diverted by important events in childhood, he would certainly have remembered them. At last he assured himself that there was no repression in his case, and that he had simply married a woman who was not suited to him. His confidence in his physician vanished, and a sulky and hostile attitude took its place.⁴

Frink nevertheless continued the analysis, and after some time a double series of symptoms led to its solution. The first series of symptoms took place outside analysis, and the patient for a long time concealed them from the psychiatrist. The windows of his flat overlooked those of the lodging of a young woman who was in the habit of coming home very late. It was mid-summer, and she often neglected to draw down the blind before undressing. Her neighbour opposite had noticed this, and used to watch for her every evening. The sight of this woman undressing gave the patient intense erotic excitement. One day he had the idea that if his doctor came to hear this story, he would strongly reprimand him and would threaten

¹ Frink, M. F., pp. 318-19.

³ Frink, M. F., p. 324.

² Frink, M. F., pp. 319-20.

⁴ Frink, M. F., p. 324.

to stop treatment if he did not immediately stop his shameful practice. He hid his action from the psychiatrist, and showed more and more opposition to him.¹

A second series of symptoms came to be grafted upon the first, this time in the course of analysis. In his resentment against his psychiatrist, the patient was looking out for an opportunity to find fault with him. One day he heard Frink laughing out loud as he saw to the door the patient, man or woman, whose session preceded his own. Looking through a half-open door, he saw Frink on the doorstep talking to a pretty young woman. This tiny incident was the starting-point for a series of suspicions. The patient began to think that Frink was seducing this patient, and he set to work to use every means in his power to spy upon him. Once or twice when Frink had had to leave his study for a few minutes, he took the opportunity of examining the letters and papers which were lying about on the desk. He thought he recognized him in the street with a woman, and followed the couple, keeping close to the wall, only to find at last that the man he was spying upon was not his physician. In short, he was overwhelmingly curious about all that concerned his psycho-analyst's sexual life.²

Slowly and piecemeal Frink contrived to get his patient to admit that he was addicted to visual pleasure, and that he was spying upon him. As he made his pathetic confession, the patient showed extreme terror, and constantly made the same gesture, putting his hand before his face. At last he himself realized that this almost obsessive movement was that of parrying a blow, and he understood that he was re-living towards his psycho-analyst both the curiosity which he had once felt concerning his father's sexual life, and his fear of his father's punishments. The negative transference, being thus related to memory, collapsed of its own accord.³

Once the habits of repression had been resolved, the repressed memories sprang into consciousness. At the age of five, the patient had had as a playmate a little girl of seven, who offered to show him "what Daddy and Mummy do." She undressed herself and him; they showed each other their genital organs and urinated before each other. She told him that married people behaved in this manner every night. But the little girl's mother caught them, sent the girl home and took the boy to his parents, to whom she told the story. The two children were severely punished and were never allowed to play together again. This incident explained the patient's tendencies to seek for sexual excitement in the sight of female nudity. The first

¹ Frink, M. F., pp. 324-5.

³ Frink, M. F., pp. 326-7.

² Frink, M. F., pp. 325-6.

series of symptoms manifested in the course of analysis had been traced back to its infantile root.¹

A second memory completed the explanation of the whole of the neurosis. The patient, who was not yet six, hid one night under his mother's bed, hoping to see her use her chamber. He had been much disturbed by what the little girl had told him, as well as by what he had seen of her person. Why did she not possess an organ for the passage of urine like his own? Was his mother made in the same way? Did married people really do as the little girl had said? Then why had he been so severely punished? In his wish to get all this clear, he attempted this new adventure. But his mother discovered him, and questioned him sternly. He assured her that he had only been playing, and begged her not to tell his father anything about it. At last she gave him the promise, on condition that he would be good in future. Later he continued to spy upon his parents' sexual life. Then the habits implanted by education got the upper hand, and the memories of his sexual traumata became buried in the unconscious, so that at the age of ten he could greet a boy's revelations about relations between the sexes with an indignant denial. "My mother could not have done anything so dirty!" The second series of symptoms (forming the transference in the strict sense, and consisting in sexual curiosity concerning the psycho-analyst, a curiosity paradoxically linked with fear) had also been traced back to its infantile root.²

The de-repression of the two traumata led to the collapse of the neurosis. The patient was able to obtain complete satisfaction from his wife, and his extra-marital desires disappeared.³ He understood why he had made so complete a separation between tenderness and sensuality. His morbid habits had been resolved into memories.

This extract from an analysis seems to me to afford a particularly clear illustration of the nature of transference. We recognize that it is no more than a symptom among other symptoms, and that it is not strictly speaking a *product* of the analysis. When anyone has an inveterate morbid habit, that habit makes its appearance on the slightest pretext, without need of psycho-analysis. Every psycho-therapeutic treatment, whatever its method, encounters transference. It is an inevitable psychic fact, for it is the neurosis itself in evolution.⁴

We see now that the key of psycho-analytical treatment is the distinction between habit and memory. It has for long been observed that it is impossible to acquire a new motor technique demanding

¹ Frink, M. F., pp. 327-8.
² Frink, M. F., p. 330.

³ Frink, M. F., pp. 328-9.
⁴ I. L., p. 372.

dexterity, i.e. the formation of a new motor habit, until consciousness has ceased to participate in the motor complex which has become integrated as a series of automatisms. Conversely it has been recognized that the simple fact of attempting consciously to apprehend the separate movements in detail, greatly disturbs the motor habit, and throws its automatism out of gear. The pianist, the stenographer, and the fencer all rely on their automatisms. They are lost if they try to analyse them. Many people spell quite correctly "by instinct." But if once they think about it, they lose confidence. This last example shows us that the *gnosis* no less than the *praxis* can be traced to general laws of habit.

Breuer's discovery consisted in the application of a general rule of psychic dynamism to the field of morbid affective habits. Freud's only personal contribution was to create an absolutely original exploratory technique, viz. the analysis of spontaneous associations, of dreams, of failed acts, and to be the first to perceive the pathogenic importance of the failure of repression. But, as Freud himself has always recognized, to Breuer belongs the discovery of the fundamental therapeutic principle of analysis, viz. the disintegration of habit by mnemonic recollection.

It is this fundamental therapeutic principle that distinguishes the Freudian theory of the relations between habit and memory from that advanced by Bergson. The French philosopher readily contrasts habit, as an acquired bodily mechanism, with pure memory. Freud also contrasts habit and memory, but in another fashion. It is impossible for him to grant that habit is purely somatic; that would destroy the foundation of his whole method of therapy. There are psychic habits, both cognitive and affective. Automatism can invade the psychism no less than the organism. The disintegration of morbid affective habits by reduction to memory demonstrates the psychic character of these habits. We might say that psychoanalytical treatment is the therapeutic refutation of the Bergsonian theory which limits habit to the pure organism, seeing in it nothing but motility.

If Freud's ideas on memory and habit are distinct from those of Bergson, they are no less clearly distinct from those which Janet has maintained in his latest works. As we have seen, Janet has never admitted the sufficiency of cathartic therapy. Since the publication of his first works, he never accorded more than a secondary importance to the transformation of the unconscious into conscious. Later he went even further in this direction. He has attempted to found a psychology of conduct which, without being as radical as the psychology of behaviour as it is regarded by the *behaviourists*, is

markedly similar to it.¹ This relegation of the concept of consciousness to a position of minor importance would not have led Janet to a position so very far from that of Freud, if Janet had not more and more tended to minimize the importance of psychological unconsciousness. Anyone who aims, as Janet aims, at minimizing the importance of both consciousness and unconsciousness, must come very near pure *behaviourism*. Thus it comes about that Janet regards memory as active conduct—narration.² But it must not be supposed that Janet identifies habit with memory.

Memory [he writes] must not be confused with the preservation of life, the preservation of form, or the preservation of tendencies which, once established, are aroused and come into operation regularly whenever there is a recurrence of the circumstances for which they were constructed.³

We see here that in order to maintain the distinction between habit and memory, Janet defines the latter by its external effect, which may be objectively ascertained, i.e. narration of the past. "*The past is something which one narrates, but it is primarily something which one can only narrate, for it cannot be acted, and its reality depends only on the force and qualities of the narrative.*"⁴ Thus Janet remains rigidly faithful to the point of view of conduct, and nevertheless contrives to distinguish habit from memory. But it is clear that on the plane he has adopted the essential quality of psycho-analytical treatment, i.e. recovery of consciousness of the past, can no longer even be expressed. We cannot say that his theory is opposed to that of Freud; for before two theories can be opposed, they must deny the same predicate of the same subject. But Freud and Janet are not here discussing the same thing. Narration of the past implies consciousness of the past, but the converse is not true; consciousness of the past in no way implies narration of the past. Recovery of consciousness of the past must clearly not be confused with the reappearance of narration of the past. Narration of the past may disappear for reasons which have nothing to do with cessation of the past. Unless all psychology is to be denied, language must be distinguished from thought. This comparison between Freud and Janet would allow us to conclude that the latter has finally ceased to pay any attention to the problem of the exploration of the psychic unconscious, of which he was the first to publish, if not to discover, a solution.

¹ Janet, A. E., vol. i, pp. 202-5.

³ Janet, A. E., vol. i, p. 285.

² Janet, A. E., vol. i, pp. 231, 273, 285.

⁴ Janet, A. E., vol. i, p. 285.

CHAPTER V

THE VARIOUS NEUROSES

Freud divides the neuroses into two main groups, actual neuroses and psycho-neuroses. As a first approximation we may say that this division amounts to a differentiation of the neuroses according as their ætiology is somatic or psychic.¹ We shall devote a summary study to the actual neuroses, and then give a more detailed account of the three psycho-neuroses, hysteria, psycho-genic anxiety states, and obsessional neurosis. At the end of the chapter we shall deal with psycho-genic epilepsy.

I. The Actual Neuroses

In determining the group of actual neuroses, Freud distinguished it from that of the psycho-neuroses by three pathognomonic characteristics.² Firstly, the symptoms of actual neuroses are not reducible by any psychological analysis; they have no *meaning*. Secondly, actual neuroses are the result of physical causes. According to Freud, these causes are of a sexual order. The sexual function has both a psychical and bio-chemical aspect. The actual neuroses are due to bio-chemical disturbances of sexuality. They are caused by objective misuse of the sexual function, involving auto-intoxication of the organism. As Régis and Hesnard say, the actual neuroses are "secondary to a diffuse and direct intoxication of the organism by poisons resulting from genital disturbances at the physical level."³ Thirdly, the actual neuroses are not dependent upon past causes acting through the mechanism of psychic habit, but are rather due to causes acting in the present, i.e. to "actual" causes, as their name implies. We see therefore that actual neuroses are dynamic, but not psychogenic disorders.

Freud accepts three actual neuroses, neurasthenia, anxiety-neurosis, and hypochondria.

When obsessions, anxiety, melancholy, and post-infective depressions have been eliminated from the neurasthenic syndrome, there still remains a group of symptoms "consisting of headache, fatig-

¹ Jones, P. P., p. 306.

² Jones, P. P., p. 504.

³ Régis and Hesnard, P. N. P., pp. 226-7.

ability, with or without pains in the sacrum, backache or spinal paræsthesiæ, atonic dyspepsia with flatulence, retarded digestion, constipation and consequent intestinal troubles, sexual weakness or impotence, etc."¹ According to Freud, true neurasthenia, as thus distinguished from the symptomatic neurasthenias, is caused by excessive masturbation or too frequent involuntary seminal emissions. As Jones says, "neurasthenia is due to the combination of deficient afferent excitation (lack of external stimulation) with excessive efferent outflow."² Here we may note that Freud was one of the first to take a stand against the academic conceptions of the harmfulness of masturbation, the pathogenicity of which he considers to be very limited.³

Anxiety-neurosis is manifested either by acute anxiety attacks, or by a diffuse chronic anxiety state. Freud considers anxiety neurosis to be caused by lack of sexual satisfaction. He gives the following list of instances in women; anxiety in adolescents on their first encountering sexual problems; anxiety of young brides who are still frigid; anxiety of women whose husbands are impotent or subject to ejaculatio præcox, or who practise coitus interruptus; anxiety of widows and spinsters; and lastly, anxiety at the climacteric. In men, he mentions anxiety associated with voluntary sexual continence; of men engaged to be married, who experience excitement without satisfaction; of those who practise coitus interruptus; the anxiety of presenility; and lastly, the anxiety of masturbators who suddenly give up their auto-erotic habits.⁴ Neurasthenia and anxiety-neurosis have opposite ætiologies, for anxiety-neurosis "is due to the combination of excessive afferent excitation with deficient efferent outflow."⁵

Hypochondria is Freud's third actual neurosis. It is "characterized by excessive pre-occupation with the sensations and functions of various internal organs."⁶ This indisposition "appears to psycho-analysis as a stimulation of a sexual nature, though displaced from the normal sexual channels and diverted (after transformation into anxiety) to the innervation of organs which normally have no direct connection with sexuality."⁷

This short description shows that whereas Freud does not attribute psychic causes to the actual neuroses, the monosexualist ætiology of the neuroses loses nothing thereby. Whether the action

¹ Régis and Hesnard, P. N. P., p. 228; cf. Jones, P. P., pp. 386-8.

² Jones, P. P., p. 390. ³ Régis and Hesnard, P. N. P., p. 374.

⁴ Stekel, C. N. A., pp. 16-18; Jones, P. P., pp. 389-90; Régis and Hesnard, P. N. P., pp. 232-233.

⁵ Jones, P. P., p. 390. ⁶ Jones, P. P., p. 390.

⁷ Régis and Hesnard, P. N. P., p. 237.

of sexuality is bio-chemical, as in the actual neuroses, or psychic, as in the psycho-neuroses, in either case Freud makes it bear the blame.

Freud's own pupils have criticized the tenacity with which he holds to his conception of the actual neuroses. This is a question which we must raise again when we come to deal with anxiety. For the moment let us simply say that while Freud's followers give lip-service to the theory of the actual neuroses, out of regard for their master, they agree in recognizing that there is no neurosis without some measure of psycho-genesis. Freud is the only Freudian who still believes in actual neuroses.

Since neurasthenia is a syndrome which there is a tendency to dismember, leaving little or nothing remaining, and since anxiety must be studied later as a psycho-genic neurosis, we shall end this account of the actual neuroses by giving a summary of a case of hypochondria taken from Dr. Hesnard.¹ The case in question is not a neurosis due simply to actual causes, and Hesnard draws particular attention to the fact that psychic determinants contributed to its causation.

Hesnard was called into consultation by a family deeply distressed over a young man of seventeen.

Every preparation [writes Hesnard] had been made to have him certified. The condition was progressive. The patient was tending to become dangerous; he had struck his sister, shown an aggressive attitude, and threatened suicide; he had suffered two fugues, one of them serious. A colleague of mine had been consulted, and had spoken of *dementia præcox incipiens*.²

The psychiatrist was confronted with a distrustful patient, but he was struck by the impression which a short conversation on sexuality seemed to make upon the young man. At the first regular analytical session, the patient left after a quarter of an hour. At the second, "he left at once, like a whirlwind, passing through the house without paying any attention to those whom he met."³ At home the young man kept himself apart, lying on the floor and declaring that he was lost and would die, and showing indifference or hostility to the members of his family, which had given rise to a fear of *dementia præcox*. Hesnard attempted to gain the confidence of his patient, but in spite of all his efforts, the following sessions of analysis were entirely silent. Fearing to lose this difficult case, he made up his

¹ Hesnard, "Le mécanisme psychanalytique de la psychonévrose hypochondriaque," in *Revue de Psychanalyse*, vol. iii, No. 1, pp. 110-21.

² Hesnard, *Art. cit.*, p. 112.

³ Hesnard, *Art. cit.*, p. 112.

mind to break the silence which the academic technique prescribed, and at once offer the patient an interpretation of his case. He gave him a series of lectures on masturbation, emphasizing that very little real danger attached to it. He had guessed right, and the young man began to own up.¹ He had been a chronic masturbator since the age of nine or ten. Up to the previous year, he had become more and more addicted to the practice. Then he had begun to go to confession to a new priest at the Catholic school which he attended. Seeing that his religious exhortations had very little weight with the young man, this confessor had changed his methods and begun to tell him of the physical dangers of masturbation.

He kept him for hours on end in his room [wrote Hesnard] in order to threaten him with the effects *on his health*, predicting a series of the direst results. He repeatedly told him that he would grow steadily weaker . . . that he would get consumption, impotence, anæmia, etc. and spoke of "loss of vital energy."²

At last the young man took fright. He suddenly gave up masturbating and banished all sexual thoughts from his mind.

But in the next few weeks, *his health changed*. While he was glad to notice that he had no erections (except for a few grossly sensual dreams, which were always very incoherent and more and more anxious), he experienced all kinds of strange sensory disturbances.³

In his sexual organs, instead of the voluptuous sensations he used to experience on the slightest provocation,

he felt [writes Hesnard] a chronic sensation of pain, which reminded him constantly of his sexual errors and of his fears of falling ill; it was a "materialization," as it were, of remorse. The impression was painful and oppressive, and at the same time one of constriction and "loss," of "deprivation of an organ" and of "disappearance," similar to the cœnesthetic feeling of bodily "void" (P. Janet) and of organ-denial. This painful feeling spread from his penis and scrotum up to the anus by way of the perineum, and up the abdominal wall, above the pubis as far as the navel, and was also slightly irradiated on the inner surface of the thighs.⁴

In his examination of the patient, Hesnard had been struck by the smallness of his sexual organs, especially of his penis—or rather by its flaccidity, its wrinkled and shrivelled appearance.⁵

¹ Hesnard, Art. cit., p. 113.

² Hesnard, Art. cit., p. 114.

³ Hesnard, Art. cit., p. 119.

⁴ Hesnard, Art. cit., p. 114.

⁵ Hesnard, Art. cit., pp. 114-15.

In other parts of his body the patient complained of variable sensations of malaise, of fatigue, and of vague stiffness. His skin felt parchment-like and altered; his muscles stiff; his eyes sunken and sensitive; his expression uneasy and his features drawn.¹

He ended by saying:

I am suffering from a serious disease, caused by my vice; it is a serious and incurable illness, which has aged me before my time—dried me up, emptied and exhausted me; I have no blood or marrow left; all my vital energy has been wasted and lost. . . . There's nothing I can do, you see, except die. . . . I shall always be impotent and weak, like someone with cancer." And pulling himself together because he was too proud to burst into tears, he suddenly got up, struck the table and ran away.²

The strict Freudian interpretation of a case of this kind would be to regard it as nothing but a somatogenic neurosis, which can only be attributed to sudden abstinence acting by auto-intoxication. Freud has often emphasized the resemblance between masturbators and drug-addicts.³ We know that in the case of morphinomaniacs, suppression of the drug may bring about a state of craving which sometimes ends in collapse, a fact which makes it necessary for a deprivation cure to take place in a nursing home. Freud does not of course regard the case of masturbators as identical with that of drug-addicts, but there seems to him to be a sufficient analogy between these two types of neuropaths to take special precautions in applying the treatment of what might be called *demasturbation*.

Hesnard, in the case quoted, does not rely upon the simple biochemical interpretation suggested by orthodox Freudism. He holds that the theory of solely somatic ætiology is too narrow, and that we must recognize the causal intervention of factors of a psychic order. He does not, indeed, turn towards a pithiatic interpretation. However important a part may have been played by suggestion in this case, we must be careful not to confuse the anxious suggestibility of the hypochondriac with the ideoplastic suggestibility of the hysteric.⁴ The young man's anxiety-state was related to disordered emotivity and not to a disordered imagination. But Hesnard is not content with an explanation in terms of emotional shock. He believes that the severity of the symptoms produced by the shock points to an emotional sensitization, an "affective" anaphylaxis which he tries to reconstruct by psycho-analysis.

The patient

¹ Hesnard, Art. cit., p. 115.

³ I. L., p. 322; A. S., p. 45.

² Hesnard, Art. cit., p. 115.

⁴ Cf. Logre, E. M. H., pp. 362, 367-8.

had had an intense precocious curiosity about sexual matters, relating to others as well as to himself, to his sisters, and to his favourite sister in particular. But strange to say, the sight of her genital organs, at about the age of four or five, aroused in him the *desire to be like her*, i.e. to be a woman.¹

The patient had had strong feelings of humiliation connected with his elder brother. "He had been rather impressed by his genital organs, which were much larger than his own, which led him to think that his own were unsatisfactory and better kept hidden."² In short, the patient's inferiority feeling concerning the physical attributes of virility had deep infantile roots. Hesnard consequently recognized that the sudden cessation of masturbation did not simply act by way of auto-intoxication, but that the intensity of the emotional reactions which it aroused was largely due to the cumulative effect of a long series of affective deviations.

After three months of psycho-analytical treatment, this patient was much better; his strange and apparently discordant reactions had disappeared; his attitude towards his family had changed for the better, and his anxiety had considerably diminished, when his family as the heat of the summer came on, decided to move up to the mountains until November. Treatment was thus broken off [writes Hesnard] and I lost touch with my patient.³

Five months later a young man of good physique was shown into Hesnard's consulting-room, and he had some difficulty in recognizing him as his ex-patient who had left him in a semi-cachectic state. The successful overcoming of the pubescent crisis had completed the work of psycho-therapy.

This case is a good example of the modifications which Freud's students have applied to his concept of the actual neuroses. They hold that they do not exist in a pure state. Jones sums up their views as follows:

The difficulty of isolating somatic factors in a pure form makes it necessary to remember, therefore, that when we use the expression "physical factors" we refer to a given situation in which of necessity psychical factors also play an important part.⁴

In 1925 Freud could still write:

I am far from denying the existence of mental conflicts and of neurotic complexes in neurasthenia. All that I am asserting is that the symptoms of these patients are not mentally determined or removable by analysis, and that they must be regarded as direct toxic

¹ Hesnard, Art. cit., p. 116.

³ Hesnard, Art. cit., p. 120.

² Hesnard, Art. cit., p. 117.

⁴ Jones, P. P., p. 504.

consequences of disordered sexual processes at the bio-chemical level.¹

There is irony in the fact that Freud, who has always been represented as having abandoned medicine for psychology, should, in the question of the actual neuroses, be the supporter of an exclusively somatogenic theory in opposition to his own pupils.

II. Hysteria

As we saw in our mention of Breuer, the study of hysteria was the starting-point of psycho-analysis. Freud's researches into "the great neurosis," as it was known at one time, were for a long time without influence on French neurologists. When Freudian ideas began to penetrate France, the principal objection raised against them by many clinical physicians was that they were related to the old conception of hysteria with which Babinski had dealt adequately.² It will be useful, therefore, to consider differences between Freud's theory and Babinski's.

Babinski is primarily a semeiologist. He was one of the first to be selective in dealing with the vast medley of symptoms attributed by Charcot to hysteria. The problem he tackled was that of how organic paralysis was to be distinguished from hysterical paralysis. Prior to him, it was supposed that "these two types of paralysis were supposed to exhibit the same intrinsic characters; it was only in the concomitant circumstances that the distinctive feature was to be found which they did not possess in themselves."³ On a closer examination, Babinski found that in cases of hysterical paralysis there was no alteration of the tendon reflexes. In the same way he showed that hysteria did not affect the pupillary reflexes and the pharyngeal reflex.⁴ In short, he substituted a diagnostic method based upon extrinsic characteristics for a diagnostic method based upon intrinsic characteristics. He then re-examined the so-called hysterical disturbances of circulation, nutrition, and thermal regulation in the same manner, and showed that they did not exist. Hysterical pyrexia and the famous blue œdema were dismissed as fictitious.

This remarkable work of rearrangement immediately incurs an objection. Does it not imply a vicious circle? Before we may know what hysteria *does*, we must know what hysteria *is*; but before we

¹ A. S., pp. 45-6.

² Blondel, P., pp. 129-32; Heuyer, "La psychanalyse," in Sergent, Ribadeau-Dumas and Babonneix's *Psychiatrie*, vol. i, pp. 54-5.

³ Babinski and Froment, H. P., p. 9.

⁴ Babinski and Froment, H. P., p. 11.

may know what hysteria *is*, must we not first know what it *does*? This is the difficulty which Claparède, in particular, has raised against Babinski.¹ It is apparently resolved if we make a clear distinction between two parts of Babinski's conception, the definition of hysteria, and the study of the properties of hysteria. The definition of hysteria is a convention. "Hysteria," states Babinski, "is a pathological state manifested by disorders which it is possible to reproduce exactly by suggestion in certain subjects, and can be made to disappear by the influence of persuasion (counter-suggestion) alone."² Once this convention has been accepted, it still remains to find out what are the disturbances which may be produced by suggestion and cured by persuasion. This is no longer in any sense conventional. For example, Babinski shows that suggestion cannot invert the plantar reflex, extensor responses only occurring in the presence of pyramidal involvement. The exact distinction between the conventional definition of hysteria and the experimental study of its properties apparently meets the objection of the vicious circle.

Hysteria, or rather pithiatism (in order to make it quite clear that this is a definition) is the totality of the disturbances which may be brought about by suggestion. Babinski's whole work has been, we may say, the delimitation of the field of these disturbances, the search for what the imagination cannot achieve. As Logre very rightly emphasizes, pithiatism is no more than an extension of the classical experiment of Chevreul's pendulum.

The psychological formula is: nothing but the idea, the whole idea, carried to its furthest lengths, even as far as the act. It is a remarkably isolated and complete instance of imaginative suggestion, in which the image comes to life and realizes itself entirely and objectively simply through its own force.³

The hysteric [says the same writer] manifests his syndrome *because he imagines it, as he imagines it and in the strict measure in which it may be realized by the imagination*. The idea is exteriorized by an autonomic mechanism, and, in a sense, of itself, under the stimulus of the motor elements which it contains. The psychological principle of hysteria is the Idea-Force, or more accurately, the *Image-Force*.⁴

Since the effects of pithiatism are distinct from those of organic lesions, they must also be distinguished from those produced by emotion. Babinski notes that the effects of emotion possess a deter-

¹ Claparède, "Quelques mots sur la définition de l'hystérie," in *Archives de Psychologie*, vol. vii, pp. 169-93.

² Babinski and Froment, H. P., p. 17.

³ Logre, E. M. H., p. 378.

⁴ Logre, E. M. H., p. 382.

minism denied to suggestion. The latter is incapable of *directly* producing the classical effects of emotion: tachycardia, sweating or diarrhœa. Suggestion is incapable of determining the form, intensity and duration of emotional manifestations.¹ Logre gives a perfectly clear explanation of this essential feature of Babinski's doctrine.

The psycho-plastic imagination, which is an unconscious will, is no more able than the conscious will to create, directly and independently, what emotion can create: to accelerate or slow down the heart's action, to increase or diminish the blood pressure, to produce spasm of unstriated muscles and hyper-secretion, etc. . . . To make even the most suggestible hysteric believe that his heart is beating faster, is insufficient to bring about tachycardia. But if the same suggestion is made to an anxious person, however little hysterical, acceleration of the heart may be brought about *provided that the idea disturbs him*. But it is not the representative content of the image that acts as such; it is the disturbance aroused by the idea, to which the idea has only played the part of an *intermediary emotive agent*. We are still dealing with suggestion, but it is *emotive suggestion* and not psycho-plastic imagination—anxiety suggestion and not hysterical suggestion.

And the representative content of this emotive suggestion contributes, in itself, so little to the realization of heart-acceleration that *any other emotive idea*—for example, the assertion that the person does not look well—*would provoke exactly the same cardiac reaction*. But *in the hysteric, the change of idea would bring about a change of symptom*; for in reality the symptom was already included in the nascent state, in the image; it is no more than its fulfilment, its psycho-plastic bringing-to-birth.²

Although pithiatism cannot produce the effects of emotion, conversely emotion can never *in itself* produce the effects of pithiatism. Babinski categorically denies the existence of *purely* emotional cases of paralysis. Paraplegia or monoplegia cannot appear at the behest of an emotion, in the same automatic fashion as sweating or diarrhœa, without any previous mental representation.³ Babinski is willing to recognize that emotion increases suggestibility, but suggestibility has not as yet become suggestion; an image of the disturbance must intervene before pithiatic paralysis can take place.

Having clearly distinguished pithiatic effects from organic and emotive effects by reference to the intrinsic characteristics of the former, we must now compare these with voluntary effects. Here the distinction by reference to intrinsic characteristics is no longer

¹ Babinski and Froment, H. P., p. 16.

² Babinski and Froment, H. P., pp. 20-4.

³ Logre, E. M. H., pp. 382-3.

possible. "Simulation can reproduce everything that hysteria or pithiatism is capable of doing. Anything that is impossible for simulation is also impossible for hysteria."¹ How then can we distinguish hysteria from pure and simple malingering? Babinski believes that one has to rely on moral criteria, since objective signs fail us. He recognizes the value of these criteria and expressly rejects the radical theories of those who identify hysteria and malingering.

From the observation of very many hysterical cases whom I have followed up [he writes] I have derived the conviction, which is shared by every neurologist, that many of these patients are sincere and cannot be regarded as simulators, but I must confess that this idea is founded on moral considerations and cannot be proved with the scientific rigour employed in the study of organic affections.²

But if hysteria and malingering are different, in what precisely does that difference lie? Here Babinski's theory has to fall back on the unconscious, that is to say, to link up with the ideas of Janet and Freud. Logre declares that hysteria "always implies a certain degree of unconsciousness, without which it would be in no way different from malingering."³ Again, he writes of the pithiatic patient:

The hysteric can neither defend nor even explain this suggestion, of which he is ignorant, yet which has, so to speak, done everything without taking him into account: at its maximum, it is *foreign to his personality*. The feeble-minded and the demented, even if they accept absurd suggestions, believe that up to a certain point they have been free agents. They believed they were doing right, and if their mental level is not too low, they endeavour to adduce some kind of justification for their conduct. Although the foreign influence, the suggestion, was received without efficient control, it is none the less to a certain extent *connected* with the rest of the personality—centripetal suggestion. Hysterical suggestion, on the other hand, is *detached* from it (centrifugal suggestion); it is an idea which, in despite of the person, escapes, and sunders all connection with central consciousness; insinuating itself into the physiological life, it reappears at last at the surface, in the indirect and unlooked-for form of an objective symptom. The idea is now not only "de-mentalized," but in a manner it falls within the physical domain, tending to become materialized, incorporate, *incarnate*.⁴

This interpretation of hysteria, adduced by a writer whose aim

¹ Babinski and Froment, H. P., p. 217.

² Babinski and Froment, H. P., p. 218.

³ Logre, E. M. H., p. 371.

⁴ Logre, E. M. H., p. 372.

is to "confirm and supplement Babinski's doctrine psychiatrically,"¹ might bear Freud's signature. The fact is that Babinski's doctrine is solely neurological. All his work is simply pragmatic and semeiological. When Babinski differentiated the pithiatic effects from the organic and emotive effects, he stopped short, declaring that pithiatic effects are due to imaginative suggestion. He has nothing to tell us of the nature and mechanism of this suggestion. Psychology does not interest him. Babinski is an admirable neurologist, but he is no more than a neurologist.

Freud takes up the problem of hysteria exactly at the point at which Babinski leaves it. He is well aware that certain authors (whom Babinski, as we have seen, expressly condemns) hold that once hysteria is shown not to have organic causes, it must be identified with malingering. He regards this as an excellent example of narrow professional training, and does not lose the opportunity of making fun of it.

The physician, who through his studies has learned so much that is hidden from the laity, can realize in his thought the causes and alterations of the brain disorders in patients suffering from apoplexy or dementia, a representation which must be right up to a certain point, for by it he is enabled to understand the nature of each symptom. But before the details of hysterical symptoms, all his knowledge, his anatomical-physiological and pathological education, desert him. He cannot understand hysteria. He is in the same position before it as a layman. And that is not agreeable to anyone who is in the habit of setting such a high value upon his knowledge. Hystericals, accordingly, tend to lose his sympathy; he considers them persons who overstep the laws of his science, as the orthodox regards heretics; he ascribes to them all possible evils, blames them for exaggeration, and intentional deceit, "simulation," and he punishes them by withdrawing his interest.²

These charges against hysterics have reappeared at intervals in the history of medicine, and Freud clearly shows the fundamental reason for this. The traditional medical training is practically bound to close the mind to the idea of a specifically psychic determinism, interposed between what is purely organically determined and what is freely chosen. Either the organic hypothesis or that of simulation are the harsh alternatives which logic demands, where hysteria is concerned, of those whom one might call the die-hard students of medicine. Prior to Charcot hysterics were generally accounted as malingerers. When Charcot managed to win acceptance for his conception of hysterical stigmata, which he held to be purely neuro-

¹ Logre, E. M. H., p. 359.

² P., p. 183

logical and not psychogenic, these charges faded out. There followed Babinski's critique, attributing hysterical stigmata to suggestion, and again it became the fashion to treat hysterics as malingerers.

Since Babinski [write von Monakow and Mourgue] certain physicians in France have gone so far as to deny the very existence of hysterical symptoms other than those artificially produced by medical examination, and even to identify hysteria with malingering.¹

It was in vain that Babinski protested against the identification of hysteria with malingering; as he had worked out no psychological theory of hysteria which he could now bring forward, he was overwhelmed by his own supporters. In recent years epidemic encephalitis has caused the pendulum to swing back. It was observed that a disease which was indisputably organic sometimes manifested symptoms which had usually been known, with the hint of scorn and suspicion which the term entails, as "pithiatic." Myoclonus (Sicard) and glove and stocking anæsthesiæ (Delbeke and van Bogaert) came to be interpreted organically, and *ipso facto* recovered their medical respectability.² Marinesco and Radovici even revived a strictly somatogenic conception of hysteria. *Multa renascuntur quæ jam cecidere.*

Freud and his pupils believe that the instability of medical theories concerning hysterics is a sufficient reason for disclaiming the right to charge these patients systematically with insincerity. Freud, like Janet, holds that hysteria is a genuine psychic illness characterized by a narrowing of the field of consciousness. But whereas Janet regards this narrowing as primary, i.e. fundamental, as being due to organic causes, Freud, though he does not completely exclude explanations of this nature, regards them as insufficient. If certain representations fail to make their way into the field of consciousness, it is because they are excluded from it by a true defence reflex. These representations are in fact charged with painful affect because they are opposed to the main body of tendencies present in consciousness. Hysteria is based upon repression. This is the first addition which Freud makes to the conceptions of Babinski and Janet. As we have seen, if the hysteric is not a malingerer, the roots of his symptoms must be unconscious. This is brought about by repression. Freud's psycho-dynamic theory is essentially an affective theory. Freud lays much more stress than Babinski on the part played by affectivity in hysteria. Babinski does not deny the exis-

¹ von Monakow and Mourgue, I. B. N., p. 248.

² Cf. Delbeke and Van Bogaert, "Le problème général des crises oculogyres," in *l'Encéphale*, twenty-third year, No. 10, December 1928, especially pp. 886-7, 879-80.

tence of that part; he even goes so far as to say that "systematized affective elements . . . establish the idea and give it the power of plastic realization."¹ This assertion is quite in accordance with the psycho-analytic theory. But the latter goes further, insisting that the unconsciousness of the psychic processes which underlie the symptoms is the result of an affective conflict.

Babinski is quite ready to speak of "unconscious or subconscious simulation," or even of "semi-simulation,"² in hysteria. Freud himself regards the distortion due to repression as "a kind of inward dishonesty."³ Kretschmer has established a clear connection between repression and malingering:

We may regard *repression* [he writes] as a psychic mechanism closely akin to the phenomena of dissimulation. *Repression is but acting which succeeds in deceiving the self.* That is why in practice we so frequently find repression (in an inward direction) and dissimulation (in an outward direction) together forming a functional combination which is especially characteristic of hysterical pictures.⁴

This close comparison of simulation with repression is certainly suggestive, but it must not be forced. The idea of repression is essentially dynamic, whereas the idea of simulation is simply borrowed from the psychology of consciousness. The presence of an obstacle hindering the return of a memory to the field of consciousness cannot readily be likened to a deliberate act meant to deceive.

The dissociation of consciousness from a certain group of psychic processes having been attributed to an affective conflict which causes a repression, we have now to define suggestion. Freud does not believe that suggestion can be reduced to the psychomotor power of images, nor that imagination can be completely separated from affectivity, and at this point Babinski's theory is not as radically opposed to psycho-analytic conceptions as has sometimes been held. No doubt Babinski has tried to make as clear a distinction as possible between the effects of pithiatism and those of emotivity, but he recognizes that emotion opens the way to suggestion, and goes so far as to admit that the systematized affective elements give the idea its power of plastic realization.⁵ In this formula Babinski makes fairly wide concessions, for it strangely weakens the sharp distinction between pithiatic effects and emotive effects which he established elsewhere. We have already seen that Babinski made a systematic distinction between the possibility of voluntary simulation of pithiatic

¹ Babinski and Froment, H. P., p. 26.

² Babinski and Froment, H. P., p. 25.

³ H. P. A., p. 302.

⁴ Kretschmer, T. M. P., p. 190.

⁵ Babinski and Froment, H. P., pp. 25-6.

symptoms, and the impossibility of voluntary simulation of emotive symptoms. But in declaring that the power of realizing the image is due to affectivity, is he not conceding to the supporters of emotionally determined hysteria all that they really claim? We must in fairness add that by "systematized affective elements" Babinski means what are ordinarily known as "feelings," and that he emphasizes that they must not be confused with emotional shock, for which he uses the term "emotion."¹ This distinction between emotional shock and emotion is quite justifiable, but it is a distinction simply of degree and not of kind, and the two processes remain basically homogeneous. Once it has been granted that the psycho-plastic realization of hysteria draws its power from an affective source, the way is opened to the psycho-analytical interpretation.

The difficulty (not to call it impossibility) of making a hard and fast distinction between imagination and affectivity is so great that even the strongest supporters of Babinski and Dupré sometimes make highly significant admissions. Logre, in the work in which he deals with the mental state of hysterics—a work quite admirable for its clarity of definition—recalls that the possibility of simulation is the great criterion of hysteria.

Though Babinski does not directly include this hall-mark (which alone is indispensable, and alone is used in clinical work) in his definition, he mentions it himself many times, with great emphasis, in his commentaries on that definition. When an objective symptom is of such a kind that it may be *reproduced* "by the will," we may practically conclude that it is hysterical.²

This is pure Babinskian orthodoxy, but three pages later, in a footnote, Logre adds a most important correction.

It is difficult [he writes] to ascertain whether imagination can do no more than the fully conscious will could do. We tend to think that in many cases it can do more, since it has on its side all the potential superiority of the unconscious over the conscious.³

To forsake the concrete separation of imagination from affectivity, and to recognize that their causal conjunction seems to produce effects which surpass the limits of will-power, is to put forward a theory of suggestion in substantial agreement with that approved by Freud. In Freud's view as in Janet's, affective processes play a vitally important part in auto-suggestion as well as in hetero-suggestion. In them resides the real source of psychic energy. We

¹ Babinski and Froment, H. P., p. 20 (note.)

² Logre, E. M. H., p. 380.

³ Logre, E. M. H., p. 383 (note.)

may now understand why Freud lays no special emphasis on medical suggestion as a factor in symptom-production. Freud would not deny that at the Salpêtrière, where hysteria was cultivated, medical suggestion had a deplorable importance in ætiology. But at Vienna, as Freud often recalls with some bitterness, the medical atmosphere was charged with hostility towards hysteria, and its existence in male patients was actually denied.¹

Freud's point of view is that the affect takes precedence of the image. He is very little concerned with the question whether the unconscious representations which determine hysterical symptoms are of medical provenance or not. His interest lies in the affective tendencies which are discharged in hysteria. In his view, the hysterical symptom, like the dream, is the disguised fulfilment of a repressed wish. It is this wish that must at all costs be tracked down, for as long as it remains buried in the unconscious, it may attain expression by a series of the most varied symptoms. To eliminate the symptoms is simply to cut the weed off at the ground level and leave the roots. Here then is the explanation of the multiform and variable nature of hysterical symptoms. Their contingent character must not be allowed to give a false impression, for the complexes from which they derive are often extremely tenacious. Since the symptom is a substitute for the satisfaction of a wish, we can understand why Freud speaks, in this connection, of *primary gain from the illness*, and of *flight into illness*. Under the heading of *secondary gain from the illness* he lists all the advantages which his neurosis enables the patient to extort from his environment.² Suggestion of medical origin, the existence of which Freud does not attempt to deny, explains at the most why the symptom has taken a particular form; it gives no explanation of why a symptom (which will probably be replaced by another, if the first is successfully eradicated) appeared in the first place. Freud does not reject the formula which defines the hysterical symptom as a product of suggestion, but he considerably enlarges its meaning by showing that suggestion is an affective process.³

The fulfilment of a repressed wish is not by any means a special characteristic of hysteria; it is the mechanism of *conversion*, in Freud's view, that is the proper quality of this neurosis. Repressed affective energy is converted into a somatic symptom, e.g. contracture, paralysis, or tremor.

The mental events in all psycho-neuroses [writes Freud] proceed for a considerable distance along the same lines before any question

¹ A. S., p. 25. ² D., p. 54; I. L., p. 320. ³ Jones, P. P., pp. 319-20.

arises of the "somatic compliance" which may afford the unconscious mental processes a physical outlet. When this factor is not forthcoming, something other than a hysterical symptom will arise out of the total situation; yet it will be something of an allied nature; a phobia, perhaps, or an obsession—in short, a mental symptom.¹

Freud's *somatic compliance* may be identified with Dupré's *psycho-plasticity*. Many writers, however, charge both expressions with pure and simple verbalism. *Conversion* would appear to be a more original notion, by reason of the affective aspect which it implies, an aspect which the conceptions of Babinski and Dupré tend to minimize in hysteria. Hesnard has very clearly expressed the Freudian conception of conversion in the following passage:

Just as the anxiety patient [he writes] has no special aptitude to make his heart beat faster or to allow his unstriped musculature to relax, so the hysteric has no intrinsic and detached aptitude, for any specific reason, to keep bent a joint which has been permanently crippled by a "contracture," without conscious intention or fatigue. He does so because a force or energy, which is up to a point objectively comparable to the conscious intention of the malingerer, but of whose origin and nature he is ignorant and *which yet emanates from his secret affective life*, is actuating within him (by stimulation or inhibition) certain functions which are phenomenologically neuro-somatic, but imaginative, and so affective, in view of their psychological significance.²

The theory of the conversion into somatic symptoms of affective energy accumulated in the unconscious, is the first addition made by psycho-analysis to the point of view usually accepted by French neurologists. According to Freud and his pupils, "the somatic compliance, the specific and unexplained essential somatic plasticity which constructs hysterical symptoms, is not a simple nervous aptitude of some kind to the more or less successful imitation of true diseases."³ Somatic compliance is only the instrument in the hands of affective dynamism.

Freud categorically defines the exact nature of this affective energy, discharged in hysteria by the mechanism of conversion: the motive spring of hysteria is sexuality, and in most cases, abnormal sexuality.

Where there is no knowledge of sexual processes even in the unconscious [he writes] no hysterical symptom will arise; and where hysteria is found, there can no longer be any question of "innocence

¹ D., p 52.

² Hesnard, S. N., pp. 220-1.

³ Hesnard, S. N., p. 220.

of mind" in the sense in which parents and educators use the phrase. With children of ten, of twelve, or of fourteen, with boys and girls alike, I have satisfied myself that the truth of this statement can invariably be relied upon.¹

The psycho-analytical conception of the determination of hysterical symptoms by unconscious affective tendencies, leads necessarily to criticism of the conventional therapeutic method in hysteria. The latter, which is lineally descended from the pathogenic conception of pithiatism (a disturbance of suggestive origin which is curable by persuasion) consists essentially in direct attack upon the symptom by counter-suggestion. Besides counter-suggestion, the possibility of bringing objective evidence and the sense of personal interest into play in order to cure hysteria, has been pointed out by Logre:

(i) With the aid of electrical apparatus, for example, with or without "torpillage" (painful shock), one may give the subject a concrete demonstration that his paralysed arm can contract, that his limp and powerless leg has still the strength to carry him. Even the most vivid imagination is forced to accept this objective evidence, which has the same power to convince as the *argumentum baculinum*, and whereby the patient proves his own power of movement to himself by walking.

(ii) On the other hand, since hysteria is a morbid state, and since it is unconscious, the patient cannot continue his fictitious attitude towards himself after he has understood the *absurdity of this fool's game*, which consists in unnecessarily inflicting upon himself an imaginary illness. He may want to continue to mystify others, but not to *mystify* himself. He will either become a malingerer or he will be cured.²

Psycho-analysts charge this method of psycho-therapy with being purely symptomatic and not causal. No doubt it may succeed in "unsticking" a symptom, as in the vast number of war-time experiments with soldiers exhibiting paralysis and contracture, but it has the cardinal defect of leaving the underlying mental state untouched. The counter-suggestive process may be sufficient in a recent hysteria; but if an old and well-entrenched hysteria is attacked with this weapon alone, there is a serious risk of simply having to witness a succession of symptoms.

All those who saw a certain number of hysterics in neuropsychiatric clinics during the war [writes Dr. Parcheminey] were able to observe the ease with which patients were cured of a paralytic syndrome, for instance, only to exhibit another syndrome soon after.³

¹ D., p. 61.

² Logre, E. M. H., p. 418.

³ Parcheminey, "L'hystérie de conversion," in *Revue de Psychanalyse*, vol. v, No. 1, p. 139.

It is not enough to cut weeds down to ground level; they must be plucked up by the roots. In the case of hysteria, the roots of the symptoms are situated in the unconscious, and the only truly rational therapeutic method must be to unearth them. When a hysteric has been given a concrete demonstration that his paralysed arm contracts, his symptom has clearly "come unstuck," but the *motives of illness* which nourished that symptom remain intact, and at the first favourable opportunity they will generate another. There is no reason why hysterical productivity should cease, until care is taken to dry up its source.

Let us now turn to an examination of the formula: "The patient will become a malingerer or he will be cured," which psycho-analysts find so disturbing. If it is a case of curing a symptom which can be objectively proved to be non-organic, as when war sufferers from camp-tocormia were straightened out by electricity, the formula can be defended, at least with certain reserves just stated. But if it is not a case of a symptom of this kind, the formula involves the risk of making the failure of persuasive therapy the criterion of malinger-ing. If it is maintained that hysteria is the most curable of all illnesses, is it not because patients in whose case persuasion fails are by definition labelled malingerers?

For an example of the psycho-analysis of hysteria, we may refer the reader to the long case published by Mme. Ronjat under the title, *The Case of Jeanette*.¹ It contains a number of Freudian interpretations which may be considered highly questionable, and which we shall omit, retaining only the following broad outlines of the case which seem to us interesting.

The patient Jeanette, aged thirty-four, used to suffer from nervous crises characterized by headache, suffocation, contracture of the hip, and followed by loss of consciousness.² The contractures, moreover, had an organic basis, and she had had several operations. When surgery proved unsuccessful, it was conjectured that there might be a psychic superstructure, and a preliminary treatment by hypnosis was attempted, but the physician did not succeed in inducing sleep. After this failure, her family again called in the surgeons, and the patient was anæsthetized five times. Again the surgeons were unsuccessful, and this time diagnosed hysteria; once more hypnotic treatment was attempted. The neurologist who conducted it effected a certain improvement in Jeanette's condition, but after a year's absence abroad the crises reappeared, and it was decided to try psycho-analysis.³

¹ Ronjat, "Le cas de Jeanette," in *Revue de Psychanalyse*,⁹ vol. i, No. 2, pp. 210-323.

² Ronjat, *op. cit.*, p. 213.

³ Ronjat, *op. cit.*, pp. 214-17.

A number of dream-analyses (which incidentally would provide material for endless controversy) brought to light a serious trauma which had remained completely forgotten for years. At the age of seven, Jeanette was playing all alone on a lonely stretch of beach. A naked man, who had probably just been bathing, came up to her and seizing her by the wrists, flung her to the ground and lay down on top of her. She felt a sensation of tight pressure round the waist, and had the impression that only her head was free.¹

This trauma, of which her family had been completely unaware, explained why Jeanette, when staying at the seaside at the age of seven, had suddenly developed high fever with delirium, without any cause that the doctor could discover.² It also clearly revealed the symptomatology of the hysterical crises, i.e. feeling of suffocation and contracture of the hip.

Various other dreams, in which her father's head was strangely blended with the head of the sinister person who had attacked her, awakened the memory of an even earlier trauma.³ At the age of five Jeanette had been playing with her father in his bed, when suddenly she took fright without knowing why, and struggled to escape. "My hand had touched him," she said, "and I had felt hair."⁴ She had accidentally touched his pubis. The word "hair" which she used in referring to the pubis gives the verbal starting-point for the associative displacement, from below upwards, of her painful impression, which led to the constant reappearance in her dreams of the head which caused her so much fear. It is easy to see why the associations starting from this head led both to her father and to the perpetrator of the attack.

Jeanette's crises were finally removed by analysis. Of course the organic causes which made her limp were unchanged, but as they had been reinforced by the psychic component with which we have been dealing, it is understandable that, the latter having been eliminated, there should have been a marked improvement in Jeanette's gait.⁵ Her analyst tells us that she cannot resist expressing her satisfaction at the success of this treatment, and ends her long article with these words of her ex-patient: "But for analysis, I should never have known another happy hour the whole of my life."⁶

The interest of this case lies in the supremely important part played by two sexual traumata in infancy. It should perhaps be added that the assertion of their reality rests only on the memories of the patient, and has no independent corroboration. The facts

¹ Ronjat, *op. cit.*, p. 237.

² Ronjat, *op. cit.*, p. 263.

³ Ronjat, *op. cit.*, p. 320.

⁴ Ronjat, *op. cit.*, p. 214.

⁵ Ronjat, *op. cit.*, p. 302.

⁶ Ronjat, *op. cit.*, p. 323.

hardly lent themselves to it. As an orthodox Freudian, Mme. Ronjat lays even more emphasis on the part played by Œdipus tendencies than on that played by the traumata.

Sometimes—though not very often—the uncompromising sexualism of the Freudians seems to suffer an eclipse, and we may find in psycho-analytical literature records of analyses in which the motivation of the neurosis is not connected with the sexual instinct. Cases of this kind have the great advantage of showing that the problem of the general *mechanisms* of the neuroses is entirely independent of that of their *contents*, or in other words, that psycho-analysis and Freudism must be considered separately.

Here are some details of a neurosis which Staudacher has interpreted in this manner:¹ The patient, X., was a soldier, who in 1917 was occupying a particularly dangerous post before Verdun. He succumbed to neurosis, and was sent back behind the lines. He showed

the following symptoms: spastic paralysis of both legs and of the right arm, and tongue spasms, with difficulties of articulation. Hypnosis was a failure. The paralysees showed a progressive improvement, but headaches and insomnia took their place. In 1923 there was a sudden attack of writer's cramp. The patient was treated by gymnastic exercise, by re-education and by electricity, but his condition remained the same. In 1925 Staudacher took over the case, and at the end of six months of hypnotic treatment, was able to show a considerable improvement. He spent a month in Switzerland, and returned looking magnificently healthy, but the writer's cramp, which had disappeared under hypnotic treatment, returned more strongly than ever.

Staudacher, realizing that the results of hypnosis had been disappointing, decided to proceed with analysis, which he intended to direct principally upon war-time incidents (relying on Jung's dictum that in the neuroses recent events are of more importance than events in childhood). Most of his dreams revealed nothing of any interest, but at the end of a month the patient related a dream in which he felt himself being crushed by a wagon, and in connection with this he remembered another dream which he recalled as one he had experienced in childhood, and which had always terrified him. The dream was as follows: he seems to see a ghost, bound hand and foot, and with a melancholy expression, enter the room by the window and glide over his bed. This dream recalled a memory of an event which took place when he was four. He was in bed one

¹ This article originally appeared in the *Internationale Zeitschrift für Psychoanalyse*, 1928, vol. xiv, part i. Dr. Dalbiez is here following Dr. de Saussure's summary in the *Revue de Psychanalyse*, vol. ii, No. 2, pp. 395-6.

morning with his brother, who was two years older than he. "We were having a pillow-fight," said the patient, "when suddenly my brother put his pillow on my face and sat on it. I struggled in vain. When next I woke up, I was on a table. My parents had been roused by our cries, and had arrived to find me suffocated. I had been brought back to life by artificial respiration." On the recall of this memory, the writer's cramp disappeared, and at the same time the form taken by the paralyses in the field before Verdun were explained.

This case [concludes Saussure] of which we have here given a summary, is a striking instance of the importance of the memories of childhood in the production of the neurosis and the form taken by its symptoms. It should also be noticed that in this case, in which the neurosis broke out on the occasion of war-shock, the original trauma, just as in traumatic neuroses, was not of a sexual nature.¹

III. Psychogenic Anxiety States

Anxiety states (to use an indeterminate expression which does not favour any particular systematic solution) present one of the most involved problems of psycho-analysis. Freud began by abstracting from neurasthenia what he called anxiety neurosis. This neurosis may be defined purely symptomatically, and distinguished by its two principal characteristics, the anxiety attacks and the chronic anxiety state. Having laid down this strictly symptomatic definition, we must raise the question of its ætiology. We have seen that Freud holds that essential, or idiopathic anxiety, is due to excessive sexual tension without satisfactory discharge. In his view, the cause of anxiety neurosis is of a functional and not of a psychic order; anxiety neurosis is an actual neurosis. Therefore the Freudian idea of anxiety neurosis comprises two elements: a symptomatic definition and an ætiological statement.

Whatever theory of the cause of morbid anxiety we may support, it is impossible not to recognize that there is a close relation between diffuse anxiety, with no specific content, and pathological fears or phobias with a very definite content. What, then, is the ætiology of phobias? Having once attributed a somatic cause to diffuse anxiety, Freud was compelled in strict logic to attribute a somatic cause also to systematized anxiety, the fixation upon a particular object being no more than a secondary process. So at the first stage of his system, he asserts that phobias are not amenable to analysis, that they do not derive from a repressed representation, and that

¹ de Saussure, recension of Staudacher's article, in *Revue de Psychanalyse*, vol. ii, No. 2, pp. 395-6.

they are no more than psychic epiphenomena of somatic-sexual anxiety neurosis.

This conception was revised by Dr. Stekel, one of Freud's pupils. He psycho-analysed a number of anxiety neurotics, and found that their symptoms invariably depended upon unconscious psychic conflicts. Freud felt his position shaken by Stekel's conclusions, and put forward a compromise. He suggested that there were two types of anxiety states: on the one hand there was anxiety of somatic-sexual origin (anxiety neurosis), and on the other hand there was anxiety of psychic origin (anxiety hysteria).¹ Stekel continued his researches, and ended by categorically denying the existence of somatic-sexual anxiety. Freud adhered firmly to his own point of view, and in consequence the two men parted company.

Stekel's views have been generally accepted by Freud's followers—even by the most orthodox. Through consideration for their leader, they profess acceptance of somatic-sexual anxiety neurosis, but in fact they always connect it with psycho-sexual anxiety hysteria. These verbal concessions make their expositions of the problem rather obscure, for they treat Freud's early ideas with respect, although they no longer believe in them. They are thus led to draw a distinction between non-typical phobias which derive from anxiety neurosis, and typical phobias which belong to anxiety hysteria.² We shall pay no attention to these subtle distinctions, nor indeed to the purely theoretical complications of later introduction, based on the concepts of the Id, the Ego and the Superego. We shall content ourselves with giving a simple formula of the mechanism of anxiety states, relying principally upon the guidance of Frink.

Originally Freud accepted the theory that repressed *libido* was converted into anxiety. But even Jones, that pillar of Freudian orthodoxy, no longer upholds this, maintaining that morbid anxiety is "a reaction against repressed sexuality, a reaction derived from the instinct of fear."³ In order to explain this formula, Frink makes use of an amusing little story.⁴ Farmer Cyrus meets a friend who asks him why he is looking so gloomy. "I'm a goin' down to the village to get drunk," replied Cyrus, "and, Gosh, how I dread it!" Cyrus's answer seems to be just a joke, for he was under no obligation to get drunk. But actually Cyrus was torn between two incompatible wishes, his craving for alcohol and the desire not to debase himself. These two wishes are equally real. The lure of the bottle wins, and

¹ Stekel, C. A. N., pp. v (Author's Preface), 12-13, 20, 163-4.

² Odier, "La névrose obsessionnelle," in *Revue de Psychanalyse*, vol. i, No. 3, p. 439.

³ Jones, P. P., p. 490.

⁴ Frink, M. F., pp. 262-4.

after various vicissitudes, Cyrus wakes up in the local gaol. He was hardly sober again before he received a visit from a preacher, who admonished him and got him to sign the pledge. But his passion for alcohol is still very strong. In future he will be more than ever afraid of himself, and fear to succumb to temptation. *It will be fear born of desire.* Let us now imagine, Frink continues, that his craving for drink, while remaining just as strong, sinks from the conscious to the unconscious. Whenever he passes a public-house, Cyrus will have a feeling of fear, without knowing why. This is exactly the mechanism of the anxiety attack.

When the farmer experiences this fear which he does not understand, he will try to find some explanation for it. He cannot tell himself that he is afraid of breaking his promise and of giving way once more to his vicious habit, for we are supposing that his wish has become unconscious. Since he is ignorant of the true causes of his fear, Cyrus will form some kind of theory. If, for example, he sees a bleary drunkard coming out of the public-house, he will say to himself: "Maybe it's that man I'm afraid of. He looks mean enough to murder somebody! Perhaps he is planning some harm to me!" Once let this explanation take root in his mind, and Cyrus will be well on the road to a phobia of drunkards, which may take a general form and become a phobia of tramps and beggars. He may end by refusing to go out alone, or even by being unable to stay in a room alone without experiencing an anxiety attack. His family will then call in a psychiatrist, who—if he is as well acquainted with Greek roots as he is with the art of classification—will declare that the patient is suffering from *monophobia*.

Frink is the first to grant that his example is fanciful. But this fiction gives a very clear idea of the psycho-analytic mechanism of anxiety attacks and of phobias. According to Freud, morbid anxiety is fear of oneself, the terror of consciousness at the animal impulses which rise from the depths of the unconscious. The originality of this conception lies not so much in the part played by the unconscious as in the principle of the *primacy of the wish*. Fear is there found principally as a reaction against a wish. This point of view is by no means that of academic psychiatry. For example, Rogues de Fursac in his valuable text-book of psychiatry states that, in the case of phobias, obsessions or compulsions, *the fear is always primary*.¹ Psycho-analysts flatly contradict this theory. They point out that it amounts to an admission that fear is *undetermined*, and they hold that an undetermined affective state is an absolute impossibility. They regard the theory of the primary nature of fear as a true

¹ Rogues de Fursac, M. P., pp. 568-9, 580-3.

violation of the principle of causality. From the very outset of his researches, at the time when he only acknowledged somatic-sexual anxiety neurosis, Freud maintained that anxiety was *secondary* to accumulation of sexual tension. Since making the distinction between somatic-sexual anxiety neurosis and psycho-sexual anxiety hysteria, he has been still more careful to reject the possibility of *primary* and *undetermined* fear. If anxiety is not justified by a threat to the organism (as for instance is the case in stenocardia), it must be justified by danger to the psyche. In short, psycho-analysis holds that anxiety is always determined.

Let us apply these theoretical considerations to a concrete case.¹ One of Stekel's patients, a certain Mme. I, a widow aged thirty, was sitting reading one evening with her family. At that time she was in perfect health from the organic point of view. She found her book very interesting, and she wished to read a few passages aloud to her brother. Directly she began, she felt an attack of anxiety, burst into tears, and her mind was filled with distressing thoughts. She had the feeling that if she lay down, she would never get up again. Waves of heat passed through her body. She was suddenly overcome by the fancy that she would never see her daughter again, and she began to torture herself with wondering what would happen to her after she was gone.

The day after this attack of acute anxiety, Mme. I. asked Dr. Stekel to give her a thorough examination. She wanted to know if she had long to live. Finding that there was absolutely nothing wrong from the organic point of view, and that his inquiry into Mme. I.'s family history produced a completely negative result, Stekel asked his patient what was the book she had been reading at the moment of the onset of the anxiety attack. He was told that the passage she had been about to read to her brother had been the description of a love scene. Mme. I. was a widow, and for two years she had had no sexual intercourse. She had made the acquaintance of a man with whom she had fallen in love; she had become more and more subject to erotic dreams in which he played the principal part. About a month before the anxiety attack, Mme. I. had had an encounter with the man in question, the only result of which had been unsatisfied stimulation. The anxiety attack began to become explicable. Mme. I. was suffering from an intense sexual urge which she could not discharge, and the reading of the love scene had simply been the occasion of an upset of nervous balance. But Mme. I.'s fears for her daughter's future in case she should die seemed to have no particular motivation. Stekel only discovered

¹ Stekel, C. N. A., pp. 26-7.

the truth later. At the time of her anxiety attack, Mme. I. had a second suitor, who had said to her: "If you had not a child, I would marry you at once." It is clear that regret for her motherhood must, if only for a moment, have come up to the level of Mme. I.'s consciousness. Her whole moral force had taken up arms against this hostile impulse rising from the depths of the unconscious. Her fears for her daughter's future if she were to die were nothing but a reaction-formation, a form of over-compensation.

This case is a very good example of psycho-analytical interpretation of an anxiety attack. Although orthodox psychiatry allows that anxiety attack may be spontaneous,¹ psycho-analysis denies it. If it is not a case of a somatogenic anxiety attack, secondary, for example, to stenocardia, the onset of the attack is always due to a psychic stimulus connected by an associative link to a true cause for anxiety. This link need not be perceived before it can act. This is a supremely important point which we have already emphasized when dealing with dreams. It may be objectively illustrated by the study of conditioned reflexes in animals. Pavlov often refers to what he calls the irradiation of the stimulus and of inhibition. This irradiation is ultimately the same process as Ribot's transference by resemblance. The only difference between them is the substitution of the physiological for the psychological point of view. Von Monakow and Mourgue have given a very clear explanation of the onset of an anxiety attack, which they call an attack of *kakon*.

As in "petit mal," the patient is usually astonished at these attacks, which are often occasioned by unconscious memories or by symbols, in similar circumstances. A young man, let us say, meets his fiancée walking arm-in-arm with a friend. He goes home full of indignation and bitterness. Shortly afterwards he suffers a violent attack of *kakon*. Later these attacks come to be aroused by unconscious reminiscences of this event, and also by symbols. If, for example, he hears the name of the street in which the meeting took place, an attack may occur, though he does not know why. This is known as the extension of the reflexogenous zone.²

This quotation from von Monakow and Mourgue clearly shows that when the causes of an anxiety attack are not plain to consciousness, we can only discover them by knowing the patient's whole psychic history (a possibility which is obviously remote), or by recourse to the psycho-analytical method. This is indeed the only method which can be applied, because the case involves unconsciousness of relations. We must grant that, in cases of hysteria based on

¹ Hartenberg, P. N. A., pp. 40-3.

² von Monakow and Mourgue, I. B. N., pp. 269-70.

a traumatic memory, practitioners (of whom Janet was the first to publish his results) have succeeded by the use of hypnosis. But in cases of anxiety attacks, the hypnotic process fails, for two reasons. In the first place, as Janet has often stated, anxious, obsessional and psychasthenic patients are not usually amenable to hypnosis.¹ In the second place, even in the cases in which hypnosis is possible, this method can only bring back to the field of consciousness what was originally there; its power is limited to reviving the memory of forgotten events, whereas these cases involve relations which have never been conscious. The cause of anxiety is accessible to consciousness as a detached event, but the subject is unaware of the causal relation. In the case quoted by von Monakow and Mourgue, the young man had clearly not forgotten the insult his fiancée had put upon him, but when his attack of anxiety broke out simply at the mention of the street in which the incident occurred, he was unable to explain why the attack had taken place. It is clear that in such cases the only means of reconstructing the causal link is to have recourse to Freud's associative method. It is not difficult, therefore, to understand why, prior to psycho-analysis, psychologists never attributed exact psychic causes to anxiety attack, and were often led to regard them as a pure affective state, an emotion without motivation of a cognitive order. Psychogenic anxiety attacks provide a striking example of neurotic disturbances in the investigation of which psycho-analysis is indispensable, in the present state of psychological technique.

Stekel's case, which we have quoted, is a typical illustration of a theory to which Freud attaches great importance: the assertion of the primacy of wish. A mother is distressed at the thought of her daughter's future, if she herself were to die. What, one might think, could be more natural? No doubt that is so, but in the present case we are forced to recognize that this explanation is insufficient, for the distress has all the violence of a paroxysm. From other sources we learn that Mme. I.'s daughter is an obstacle to her mother's amorous wishes. How can we avoid the conclusion that this excessive distress covers an over-compensation for a feeling of hostility? This is one of the interpretations for which many people refuse to pardon psycho-analysis. If we start on this path, Freud's opponents will say, we shall have to admit that in all cases in which a woman feels an impulsive phobia concerning her children (the fear of strangling them, for example), the root of the trouble lies in a real feeling of hostility—a conclusion which is clearly false, because mothers who have a morbid fear of killing their children are the very ones who love their children most. But the psycho-analytical

¹ Janet, O. P., vol. i, pp. 330-3.

theory does not maintain that the woman who is afraid of killing her child, desires to kill it. It rather asserts that a wish, of some kind or another, is the motive agent of fear, which cannot be primary. Moll has made a careful study, in a number of maternity cases, of the morbid anxiety of women lately delivered in all that concerns the health of their child.

Relying on Freud's theory, he minutely examined the mothers, and his questions led him to conclude that during pregnancy impulses hostile to the child, whether conscious or unconscious, often make their appearance. Some young women fear for their beauty or their comfort; they are afraid of losing their husband's affection, which may be transferred to the child, and they see the time of their young womanhood now past. Married women who have had several children already fear a considerable increase in the family budget. A child is naturally a heavy burden to unmarried mothers. These hostile impulses which occurred before birth receive a large measure of compensation after confinement, and excessive anxiety develops. In all cases the fact of conception gave rise to dissatisfaction.¹

An interpretation of the same kind would apply to impulsive phobias in mothers. We can now see the exact bearing of the psycho-analytical theory. In most cases at least, there is no question of a death-wish in the strict sense, but only of a more or less vague feeling of hostility. As the term "over-compensation" shows, the intensity of this hostile feeling should not be judged from that of the anxious or phobic reaction.

We shall now give a detailed account of a more complicated case of anxiety hysteria (or perhaps preferably, "anxious psychoneurosis"), quoted from Frink.² This will at the same time enable us to complete our remarks in previous chapters on the interpretation of dreams and the conduct of psycho-analytical treatment.

The patient, whom Frink for convenience calls Miss Sunderland, was a girl of twenty, brought to consult him by her mother. Miss Sunderland's illness had begun seven or eight months earlier. One day, in the office in which she worked as a typist, she was suddenly seized with a sort of fainting attack, for no apparent reason. After about a quarter of an hour she regained consciousness, and was able to go home. During the next three weeks, she had two similar attacks. She did not completely lose consciousness, but was overcome by an extremely painful feeling of impending death. Soon after the third anxiety attack, the idea struck her that she could not go out alone, for if she were to have an attack in the street, she

¹ Stekel, C. N. A. (not in English translated version), cf. p. 86.

² Frink, M. F., pp. 269-300.

might have a serious accident. This fear took root in her mind, and she soon found it impossible to use public conveyances, such as buses and trams. She had to give up all work. A holiday in the country, and various diets and medical treatments were attempted, but without success. The general practitioner who attended her, finding that his organic examination yielded no results, at last decided to send her to a specialist in nervous diseases with the object of trying hypnotic suggestion. At the first interview, while Frink was explaining to her something about suggestion, Miss Sunderland interrupted him, saying that she was very much frightened of hypnosis, and it might kill her. "Oh, it is a spooky thing!" she said. "It is like this"—holding her arms above her head and waving her hands; "I am terribly afraid of it." Frink was struck by the strange gesture. Miss Sunderland asked him to hypnotize another patient in her presence, in order to allay her fears. Frink took her to the clinic of Cornell University, of the staff of which he was a member, and hypnotized a patient in her presence. Miss Sunderland said that she was more frightened than ever, and Frink told her that he could make use of another form of treatment, viz. psycho-analysis. A week later treatment began.¹

In the meanwhile Frink had had an interview with her mother, who told him that her daughter had been most carefully brought up and protected from all dangerous contacts. Miss Sunderland seemed to be afraid of men. Her mother added that a very handsome young man had seriously courted her, but that she seemed to dislike him, and felt ill at ease in his presence. The first attack had taken place after a severe fright. Miss Sunderland had been walking alone through a lonely street, when she heard a man some distance behind her suddenly cry out, and saw him raise his hands above his head and run after her. She had been very much frightened, and had wanted to run away, but her legs had suddenly seemed paralysed, and she had had the same feeling of being rooted to the spot which one sometimes experiences in dreams. The man, who was probably drunk, soon gave up his pursuit, and Miss Sunderland was able to continue on her way. The day after this incident, the first anxiety attack took place.²

When the girl came for her first analytical session, her mother asked her in front of the doctor whether she had told him of this fright. Miss Sunderland replied that she had not, and her mother left her alone with the psychiatrist. She seemed annoyed at having to discuss the incident, but ended by agreeing to do so. As she described the scene, Frink was struck by the way in which she lifted

¹ Frink, M. F., pp. 269-70.

² Frink, M. F., pp. 270-1.

her arms above her head and waved her hands, in imitation of the man who had run after her. It was exactly the same gesture that she had used in speaking of hypnosis. She then began to talk about the woman whom she had seen Frink hypnotize in her presence at the clinic, saying that she had looked at Frink strangely, as though she were in love with him. Then she mentioned her brother, who was engaged to marry a girl whom she disliked very much, and whom she hoped he would not finally marry. Then she passed on to her thirteen-year-old sister, who, to her family's great amusement, had remarked after a visitor had left: "I am crazy about him! I would love him to death!" Then followed a long silence, which Miss Sunderland at last broke by saying that it was the reading of newspapers that had made her nervous. Not long before her first anxiety attack she had read a number of articles about an investigation into the white slave traffic. These articles, together with a conversation she had had with a friend, had led her to believe that all young people suffered from "bad diseases." She did not want to hear men mentioned again. She was afraid of contamination when she touched the straps of the subway, or changed a note. She ended by saying that a young man in her office had hands covered with hairs, and that this made her think of dirt and infection, so that she could not touch anything which he had touched, for fear of contamination. Frink learnt later that this was no other than the elegant and refined young man whom Miss Sunderland's mother had mentioned as a suitor for her daughter.¹

These apparently irrelevant associations were actually perfectly thematic, and all turned upon a sexual conflict. Hypnosis was connected with the idea of sexuality by Miss Sunderland's remark that the hypnotized subject at the clinic seemed to be in love with Frink. Moreover, the girl had said that hypnosis was a thing as horrible as the gesture of the man who had run after her in the street, which seemed to show that she identified hypnosis with sexual assault. The associations concerning her brother and sister dealt with their love life. The fear of infection was connected with ideas of white slavery and of venereal diseases. From all this Frink concluded that the patient was suffering from some sexual conflict.²

At the second analytical session, Miss Sunderland brought a dream, which she had dreamt some time before, in which she was being chased by a Japanese woman. From this she awoke very nervous and frightened. For the moment, this dream was not elucidated.

A number of sessions followed in which no interesting revelations

¹ Frink, M. F., pp. 271-2.

² Frink, M. F., pp. 272-3.

were made. Frink learnt that Miss Sunderland's mother had brought her up strictly and puritanically, and that her father was much more indulgent; that Miss Sunderland had been slightly jealous when her brother became engaged; and that the man in whose office she worked as a typist was an intimate friend of the family, who spoilt her a good deal.¹

After devoting several interviews to relating trivialities of this kind, Miss Sunderland brought a dream in which she had seemed to be fighting with a dog. The dog was big and thin, with a long muzzle, and of a grey colour. He was trying to bite her, and she was trying to stop him by holding his jaws shut with her hands. At last he bit her in the thigh, and she saw a little blood flowing from the wound. Then her body began to swell and became very large, whereupon she woke up terrified.²

Frink thought that this dream was an extremely clear symbolization of defloration followed by pregnancy, but he was careful not to tell his patient his interpretation, and simply asked her for her associations on the elements of the dream.

After a certain hesitation, and after saying that nothing came to her mind, Miss Sunderland confessed that she had thought of certain things she was ashamed to speak of. Before reading the articles on the white slave traffic, she had had no curiosity about sexual matters. At the age of nineteen she had received so little instruction that she had once asked, in a crowded drawing-room, why widows could not have children any more. She could not remember for certain whether at that time she was already aware that babies developed in their mothers' bodies, or not. She had therefore been very much moved by what she had read about the white slave traffic, and had asked for information from a friend, who had given her a rather more highly coloured than accurate picture of prostitution, venereal diseases, and other kindred subjects. Miss Sunderland had been left with the impression that defloration was a horrible affair, during which the woman cried out, fainted, or even died of pain, while man at the height of sexual passion behaved like a "wild beast." But in spite of this, the sexual act held a mysterious fascination for her.

These associations confirmed the hypothesis suggested to Frink by the general symbolization. But who was the man represented by the image of the dog? Miss Sunderland, when asked for her associations on the dog, said that the evening before she had been showing photographs to several guests. One of these photographs showed the patient holding a large dog in her arms, but it was not like the

¹ Frink, M. F., p. 273.

² Frink, M. F., p. 274.

dog in the dream. Then the patient stopped and said that nothing else came to her mind. When Frink insisted, she laughed and said that Densmore, the young man who was courting her, had been one of the guests, and that he had said: "My! How I'd like to be that dog!" Moreover, as Densmore was tall and thin, had a long nose, and was dressed that day in a grey suit, the explanation is complete. The dream image of the dog was a condensation of Densmore and of the dog in the photograph.¹

Miss Sunderland had always pretended not to like Densmore. But the dream showed that he held a strong sexual attraction for her, and that instinctively she wished to marry him, to have conjugal relations with him, and to have children by him. But against this amorous impulse there was built up another system of tendencies, the motivation of which was still obscure, which was inducing Miss Sunderland to keep this suitor at arm's length, and to prevent him from making a formal offer, as was dramatized in the dream by the image of the efforts made by the girl to keep the dog's mouth shut. The anxiety she felt on awaking was shown to be a fear born of a wish. The dream was a perfect illustration of the psychic conflict in the toils of which Miss Sunderland was struggling.

An explanation of the patient's morbid fears thus began to arise; they were unconscious means of protection. The reason why Miss Sunderland could no longer use the bus or the subway was that these means of transport led to the office where she met Densmore every day. The psychic conflict revealed by the dream was the foundation of the whole neurosis.²

Frink then decided to tell his patient the interpretation of the dream, but he did not mention that of the morbid fears. He is careful to state that this was the first time he had spoken to the girl of sexual problems;³ until then he had simply listened to what she had to say. This statement is of supreme importance, for it is well known how often analysts are accused of suggesting sexual complexes to their patients.

Miss Sunderland replied that she found Frink's interpretation highly ingenious, but quite wrong. She did not love Densmore, had never loved him in the past, and would never love him in the future. She was disgusted by the idea of sexual thoughts. She had never had any sexual feelings and hoped she never would have. She had felt a certain affection for older men, but there was nothing sexual in that, etc., etc. Frink did not argue the point.

In the following sessions the girl brought nothing but trivialities, and showed a greatly increased resistance. She offered to answer all

¹ Frink, M. F., p. 275. ² Frink, M. F., p. 276. ³ Frink, M. F., p. 277.

Frink's questions, but he was not deceived by this attempt to evade the rules of the method, and told her that he had no questions to ask. She persistently maintained that she had told him the whole story, and that nothing more came to her mind. Frink then told her that failure of associations was generally due to the fact that the patient was wilfully concealing something of which he was perfectly conscious, and that it was usually a clearly marked sexual event. Miss Sunderland's change of expression told Frink that he had hit the truth, and he pointed it out to her. She first protested, then began to cry, and begged Frink not to go any further. He replied that he had no intention of forcing her to say anything she did not wish to say, but that she would be well advised to consider whether such reticence was reasonable, now that the analysis had got so far. Plucking up her courage, the girl then told Frink the following story.

About a year before the beginning of her neurosis, Miss Sunderland had formed a friendship with a girl rather older than herself. Her new friend used to kiss and embrace her continually. Once it happened that the two girls were invited to spend the night in the same house, and as there were many guests, they had to share the same bed. They talked together for a long time, and then the friend became very affectionate, and embraced Miss Sunderland, telling her how beautiful she was, and stroked her face and arms, then her thighs, her hand moving higher and higher until finally it reached her genital regions. Miss Sunderland, who had not understood the meaning of the scene at all, had not protested at first, but when she began to feel sensations of an unmistakable character, she pushed her friend from her in shame and indignation. The latter tried to apologize for her fault, but Miss Sunderland would not listen. She did not sleep at all that night, left early the next morning, and would never consent to see the girl in question again.¹

In the course of the account Miss Sunderland gave Frink of this painful occurrence, he learnt that the homosexual friend was very Japanese in appearance, and was often nick-named "Jap." Hence the anxiety dream related at the beginning of the analysis in which Miss Sunderland had been chased by a Japanese woman, was easy to understand. The resistances of the preceding sessions were no less easy to interpret. The analysis of the dream of the dog had shown Miss Sunderland that the psychiatrist had discovered her sexual conflict, and she felt sure that the homosexual episode would also be disclosed; from that instant her associations were paralysed by shame.

The homosexual mishap had deeply distressed Miss Sunderland

¹ Frink, M. F., pp. 277-8.

and developed in her a strong guilt sense. Frink tried to reassure her, but he was not very successful. He took the opportunity of their discussion of this affair to explain to the patient that the sexual instinct was something perfectly normal, but that in her case it had been misdirected. He pointed out to her that the incident showed that she was not by any means devoid of sexual instinct, as she had claimed at the time of the analysis of the dream of the dog.¹ She then bewailed the ignorance on all subjects relating to sexuality in which she had been left by her parents, saying that if she had only been rather better informed, such a thing would never have happened to her. Frink pointed out that possibly her ignorance was more apparent than real. A person of normal intelligence could not reach the age of nineteen without noticing or guessing much. She must be repressing perfectly genuine knowledge. Miss Sunderland hesitated, and then acknowledged that Frink was right. She remembered that at the age of thirteen another little girl had explained to her the nature of sexual relationship, but she had refused to believe her, saying that her parents could not have done such dirty things. The other little girl had told this answer to all her friends, who had laughed so heartily over little Sunderland's innocence, that she had had to open her eyes to reality. She had been disgusted by the idea that such things took place between her father and mother, and looked on them as hypocrites who assumed the outward show of strict morality, while themselves behaving in a dirty manner. She realized that she had for a long time successfully forgotten all the thoughts which now came back to her.²

A few days later, she had a dream, in which she was a little girl, and she lifted up her skirts and urinated on the ground. This dream recalled to her that at the age of five or six she had had scarlet fever, followed by "kidney trouble." Frink learnt that it was a case of *enuresis nocturna*, which had lasted for a year or more.

Putting together all this material, Frink explained to his patient that the homosexual episode proved that she had sexual impulses, and that her memories of her thirteenth year showed that she was not ignorant of sexual questions. Her case therefore was one, not of absence of sexuality, but of repression of sexuality, a repression which was explained by her parents' puritanism, and also by the disgust arising from a childish confusion of the urinary function with the sexual function. This statement of the case was quite unsuccessful, and Miss Sunderland persisted in rejecting the interpretation of the dream of the dog.³

¹ Frink, M. F., pp. 278-9.

² Frink, M. F., pp. 280-1.

³ Frink, M. F., pp. 279-80.

Frink had hoped that discussion of the homosexual episode would bring about a considerable improvement. But he was disappointed, and the patient began to show resistances of a new type. She chattered and laughed, and made a number of silly jokes. She criticized the analyst as often as she could, and tried to make fun of him. The cause of this strange behaviour was revealed in the following manner.

At the beginning of a session, Miss Sunderland spoke of a man much older than herself who had asked her for one of the flowers she was carrying, the night before at the theatre. She had been embarrassed, and refused his request. About half an hour later, Frink noticed that she was folding her handkerchief in a particular way. As soon as she noticed that he had seen it, she began to laugh, and covered the handkerchief with her hand. He asked her what she was doing, and she answered that she was making a flower. "And what had you in your mind?" continued Frink. She seemed embarrassed, but at last said: "I thought if it was a real flower I would like to give it to you." "Flowers are sometimes symbolic," answered Frink. "What comes to your mind?" "Nothing," she said; "I don't think of anything—except, perhaps, the lamp on your desk." "Are you sure that is all?" Frink insisted. "Yes," she replied; but after a pause she suddenly said, "I have thought sometimes I would like to give you a kiss." Frink felt that the flower perhaps symbolized something more, but he kept his reflection to himself, and the session ended. At the door, the patient said, "I was fooling; I didn't mean what I said, I would not want to kiss an old married man."¹

At the next session she complained of feeling quite ill. As she was going upstairs at home, she had felt a pain in her heart which had continued ever since. She had been afraid of having heart disease, and wondered whether she would die on the way back to Frink's consulting-room. Had it not been for her mother, she would have telephoned to say she could not keep her appointment. She had woken up that night saying to herself: "And then we went to Asheville, but my cousin was there; and then to Palm Beach, but my sister was there." This semi-oneiric episode had the following explanation. Some days before, Miss Sunderland had met one of her friends who had lately married a doctor, with whom she had eloped. The young couple had tried to keep their marriage secret until they had had a reply from the bride's parents, to whom they had telegraphed the news. The wife had explained to Miss Sunderland that everywhere they went they found people whom

¹ Frink, M. F., p. 281.

they knew, so that they had to go away again. On waking up, Miss Sunderland had repeated her friend's very words.¹

Frink explained to his patient that all this was no more than manifestations of transference. In her dream she had identified herself with her friend, imagining that, like her, she had eloped with a doctor. The dream was only the sequence of the wish to give Frink a flower, and to kiss him. The cardiac symptoms were a somatic conversion of that transference-love, and the anxiety which accompanied them was a protective reaction against that feeling. Miss Sunderland laughed heartily at this interpretation, but she accepted it, and there was no more question of cardiac pain. She explained that she had entertained more or less sentimental thoughts of Frink from the beginning. She added that it was only at the last session that she had learnt that he was married. She had told Frink that she would not care to kiss an old married man, in order to find out indirectly whether he were married or not. Having gathered that he was, she had been stricken with remorse for her silly speech. The bringing to light of this transference explained the resistances of the preceding sessions. Feeling herself sentimentally drawn towards her doctor, Miss Sunderland had reacted by making fun of and belittling him.

This transference material was just what Frink needed to corroborate his interpretation of the dream of the dog. He explained to his patient that the feelings she had entertained for him were not really connected with himself, but were a re-edition of feelings really directed in the past towards someone else, probably Densmore. She could no longer deny that she was capable of amorous feelings, for she had experienced them towards her doctor. Her apparent detestation of Densmore was no more than a resistance similar to that which she had exhibited against her transference-love for her psychoanalyst. Her cardiac symptoms and her anxiety, which had been a means of defence against the transference-love, might simply be copies of the morbid fears and other manifestations of the same kind which she had used as weapons in her struggle against her love for Densmore. In short, her transference re-lived her neurosis; her dream of the dog symbolized it.²

To this direct attack from her psychoanalyst, Miss Sunderland once more replied that the interpretation was very plausible, but she was not convinced by it. She had always detested Densmore, and she could not believe that she had ever had a tender feeling for him, consciously or unconsciously. After much hesitation, she ended by saying that about a year before the beginning of her illness, she

¹ Frink, M. F., p. 282.

² Frink, M. F., pp. 282-3.

had met Densmore in the subway; there had been a great crush, and when he had caught her by the arm to save her from falling, she had felt a sudden wave of sexual emotion, which had frightened her. None the less, she would not admit that it was her resistance to feelings of this kind which prevented their being manifested more often, and persistently maintained that it was not that she was repressing such a tendency, for such a tendency did not exist. She acknowledged that after this incident her hostility to Densmore had increased, but she denied that that hostility was a defence-reaction against a growing sexual attraction.¹

In the following sessions, Miss Sunderland told Frink that she had formed a new transference for a young doctor whom she had met at an evening party. They had danced together, and he had contrived to steal a kiss. She had quite enjoyed the experience, and the little romance had continued. She experienced no grossly physical sensations, which, she said, was exactly as she wished things to be. Just then the analysis had to be interrupted for a long time, owing to Frink's having to leave on a journey. Miss Sunderland was better; she could not as yet go out alone, but she could go on a tram if she were accompanied, and she had scarcely any further anxiety attacks. This improvement was maintained for about a month; then Miss Sunderland had a relapse at the departure of her young doctor friend.²

On his return Frink began treatment again. He explained to his patient that her feeling for the young doctor was in a sense a compromise between her love for Densmore and her transference to her psycho-analyst. She had used it, as it were, as a counter-irritant. The basic conflict of the neurosis nevertheless remained unsolved.

After some time Miss Sunderland had the following dream: "I was riding on a train or subway car. A fat man who sat near me dropped something and ordered me to pick it up for him. I resented being asked to wait on him and, seeing a key on the floor, I picked that up, with the thought that instead of doing what he wanted, I was doing just the opposite. Then, I ran and, getting off the train, hid in a house to get away from him. After a time the scene changed, and it seemed that I had started out to enlist in the German Army. Finally I found myself in an office, where sat a man who seemed to be a priest, but was also King James II. The man said, 'Tell me about the key,' and I began to do so. He listened with great interest, but he kept having to answer the telephone, and other interruptions occurred, so that the dream ended with my story unfinished."³

Frink does not give the whole range of the patient's associations,

¹ Frink, M. F., p. 284. ² Frink, M. F., p. 285. ³ Frink, M. F., p. 286.

but only the essential portions. The fat man of the dream turned out to be the business man in whose office she worked. It will be remembered that he was a friend of the family. But although he was very kind to Miss Sunderland outside office hours, he was extremely strict while she was on duty. He treated her just like any other stenographer, scolded her for the slightest mistake, overburdened her with work, etc. She resented this a good deal, and would have left the office but for the fear of hurting his feelings. Here we note the appearance of another motive of illness. The neurosis was defending Miss Sunderland not only against Densmore, but against the hard work which her taskmaster, Libby, heaped upon her.¹

The key which she picked up in her dream recalled to her the fact that the evening before, her mother had torn her dress on a key. She had been furiously angry, but her daughter had told her that she must not blame the key for her carelessness. "She had made of the key a sort of excuse," the patient told Frink, who thought that she was acting in exactly the same way as her mother. The key which she used as an excuse, and which she picked up in her dream with the feeling of doing exactly the opposite of what her employer wanted her to do, was her neurosis, i.e. the flight into illness.²

The first part of the dream might be translated more or less as follows: "Before I became ill, my employer treated me during business hours with so little gallantry and consideration that I wished to leave his employ; so instead of trying to please him, I did just the opposite by developing a neurosis, which enabled me to escape from the office and hide myself at home."

Enlisting in the German Army stood to the patient for the idea of courage, i.e. the effort to be cured of her neurosis.

But who was the man who seemed to her both a priest and also King James II? The patient's associations led to a man of Frink's age, whom she had often mentioned as very like the psycho-analyst in appearance. His name was James, and Frink concluded that he himself was the second James, or James II. The fact that this figure was also a priest was easily explained, because the patient made her confessions to him. The phrase, "Tell me about the key," seemed perfectly compatible with this solution, for we have seen that the key meant the neurosis. In the interruptions by telephone, etc., which hindered the telling of the story, Frink saw a wish-fulfilment—the wish to prolong treatment so as not to go back to work.³

¹ Frink, M. F., pp. 286-7. ² Frink, M. F., p. 287. ³ Frink, M. F., p. 288.

Frink explicitly tells us that he did not give the reasons which corroborated the truth of his explanations.¹ The dream may be studied from two points of view. If we take our stand upon purely scientific grounds, the interpretation must fit the facts exactly, and the true causes of the dream must be ascertained with certainty. But in therapeutic psycho-analysis we are less concerned with the causes of a single dream than with the general factors of the neurosis. A dream-analysis is of value when it reveals facts and tendencies which have played a part in the neurosis. Whether these facts or tendencies are the cause of the dream or not, is of little importance. We may either accept or reject the interpretation of the dream of James II; it is sufficient for our purpose that the dream has brought us two pieces of valuable information about the neurosis: that the patient did not wish to return to her office, and that she wished to prolong the treatment.

Frink told her his interpretation, and this time she accepted it almost without question. She could not deny her lack of enthusiasm at the prospect of returning to the office, and at the same time she acknowledged that the analytical sessions caused her no annoyance—a further reason for not wishing to end them.²

From that moment, Miss Sunderland's condition improved more rapidly. She seemed to be beginning to realize that her reactions to Densmore were compensatory. Nevertheless she still maintained that sexuality was essentially wicked. Meanwhile her mother was wondering whether her neurosis might be caused by some gynaecological trouble, and expressed the wish to have Miss Sunderland examined by a specialist. Frink recommended one of his colleagues, but in fact the examination never took place. The patient had incidentally told Frink, who of course calmed her fears, that she was afraid the gynaecologist might rupture her hymen.

A day or two later, Miss Sunderland dreamt that on Frink's recommendation she had visited someone, probably a doctor, for treatment. She was in a room and was reading a large book which the doctor, who seemed to be a negro, had given her. She saw from the cover that the work had been written by a Professor F.R.E.D.—(the name of a man who will be mentioned later). The treatment seemed to consist in reading the book, in which she saw a phrase something like: "Plenty of cracked ice and exercise." As she read she kept glancing at the clock, with the idea that at a certain time the consultation hour would be over, and she would be free to go.³

Some of the elements of this dream are clearly connected with circumstances already mentioned, but the meaning of the dream as

¹ Frink, M. F., p. 286. ² Frink, M. F., pp. 288-9. ³ Frink, M. F., p. 290.

a whole is obscure. The man to whom the patient went for treatment is no doubt connected with the gynæcologist, whom she was afraid would rupture her hymen. This fits in perfectly with the dreamer's statement that the doctor looked like a negro. It is well known how largely stories of rape by negroes figure in the columns of American newspapers as well as in girls' imaginations. The dream therefore seems to indicate that Frink is responsible for exposing the patient to sexual assault.

Miss Sunderland's associations enabled Frink to make important progress in his interpretation of the neurosis. The large book she was reading reminded her of a family medical treatise which belonged to her mother. She acknowledged that she had sometimes skimmed through it in order to obtain information about the relation between sexuality and neurosis. The words "Plenty of cracked ice and exercise" were a condensation of several passages of the book referring to treatment for masturbation. The name which she had read on the cover was a condensation of the names of Professor Freud, of a psycho-analyst whom Frink had recommended for her to consult during his absence, and of a third person whom she considered as an authority on sexual matters. The reading of the book seemed to represent the doing of something which would satisfy her sexual curiosity.¹

When Frink asked for her associations concerning her glances at the clock and the idea that at a certain time the doctor's consultation hour would be over, Miss Sunderland soon came back to the theme of books. At last she confessed to Frink that before her neurosis she had read an erotic novel entitled *His Hour*. The passage that had impressed her may be summarized as follows: "A married woman is alone with a man she loves. He wants her to give herself to him. She refuses and is prepared to defend herself with a revolver. He knows that she will not kill him, and sits down as if to wear out her resistance. At length she faints. When she regains consciousness, she finds that her dress is torn, and concludes that she has been violated. It is not until the end of the book that she ascertains that it is not so, and that during her fainting fit her lover had done no more than kiss her feet."

This story had given Miss Sunderland intense sexual pleasure. The idea of the woman's powerlessness to defend herself had strongly appealed to her, and she had imagined that she was in a similar situation, but with a very different end to the story. This had been a determinant of her neurosis. On the day on which the man had chased her in the street, when she had had the feeling that her legs

¹ Frink, M. F., p. 290.

were paralysed, she was still under the influence of the erotic excitement aroused in her by the reading of *His Hour*. The desire for rape which she had harboured during the preceding days, broke through with automatic brutality, in spite of all ethical or æsthetic considerations, and nailed her to the spot. The well-brought-up young lady had given place to the female fascinated by the male.

It will be remembered that the day after this fright Miss Sunderland had had her first fainting fit—or her first “attack,” as we may call it. This pathological event was also explicable in the light of the revelations of the dream-analysis. Miss Sunderland knew that Densmore, who worked in the same office, would not fail to show her every attention on the least pretext. Her fainting fit was an imitation of that of the woman in *His Hour*. This morbid symptom, too, was the fulfilment of a sexual wish.¹

Here again we are confronted with associative material which is more important from the point of view of the analysis of a neurosis, than from that of the exact determination of the meaning of a dream. In psycho-analysis, what is not sought is often found, and what is sought is often not found. Frink nevertheless offers the following interpretation of the dream. Miss Sunderland, as she kept glancing at the clock, was thinking that *her hour* had come. The idea of treatment was associated with the idea of satisfying sexual curiosity, and the best way of satisfying that curiosity was by experience. Her psycho-analyst having insisted on the idea that repressed wishes are pathogenic, the patient began to acknowledge that they must be fulfilled. But she still put the onus for their fulfilment on the doctor.²

Discussion of this dream brought about a marked weakening of Miss Sunderland's resistances. Frink gave her a general view of her neurosis which clearly showed the dependence of her symptoms upon repressed sexuality. The chronological sequence of events was as follows. First came the violent sexual emotion felt when Densmore had seized her arm in the subway. Then came the reading of the investigation into the white slave traffic. Her friend's answers to her questions on this subject had aroused intense sexual excitement. There followed the reading of *His Hour*, and the fantasies of fainting and of rape which caused a considerable increase of sexual tension. The incident of being chased in the street ended in a semi-fulfilment of the rape-fantasy. The next day, the day of her first fainting fit, she was due to visit the house where her homosexual experience had taken place, which was likely to revive erotic fancies of a Lesbian coloration. But since the patient resisted this latter

¹ Frink, M. F., p. 291.

² Frink, M. F., pp. 291-2.

tendency, her sexual instinct had once more to be directed towards Densmore, hence the fainting fit. This fainting fit was exhibited as a compromise, satisfying at once the ethical and the erotic tendencies; whilst it prevented the patient from returning to the scene of her homosexual experience, it made her play the part of the woman whose "hour" had come, with Densmore as the hero of the story.¹

Miss Sunderland only partially accepted this interpretation. She acknowledged that Frink was right in maintaining that Densmore interested her more than she was willing to admit. Soon after, she confessed that she had long been in love with him, but that she had tried to persuade herself that it was not so. But having conceded this, she continued to maintain that sexuality was filthy. She thought that not even marriage could make physical relations legitimate. That Densmore attracted her physically was simply a reason for not marrying him. Frink replied that the sexual instinct was perfectly normal, and that her ideal of a purely spiritual affection was childish. He explained to her that her ideas on sexuality were simply a survival of childhood impressions, when she had been disgusted by learning that her parents had sexual relations. This line of argument was unsuccessful, and Miss Sunderland continued to assert that everything sexual revolted her. She fully acknowledged that she experienced sexual feelings, but she could not come to regard them as normal and inevitable.²

The analysis continued, and after some time Miss Sunderland had a dream in which she saw an enormous bird in the sky. It flew higher and higher, and she watched it with feelings of admiration, but no fear. She tried to point it out to her mother, but the latter kept saying: "I can't see it, I can't see it." At last she saw it and cried out, "Oh, yes, I do see it after all." In her dream, Miss Sunderland was much astonished that her mother found it so difficult to see the bird, for it seemed to her impossible not to see it at once.³

Asked for her associations, the patient said: "I don't know what the bird could represent. I've never seen anything like it. It seemed to me so wonderful and amazing." Here she paused, then said: "I've thought Nature wonderful and amazing too." By "Nature" she meant reproduction, and Frink therefore regarded the bird as a symbol of reproduction. On the day before the dream, they had again been discussing the biological significance of the sexual instinct. Frink had asserted that it was impossible to look upon sexuality as essentially wicked. As usual the patient had challenged this statement. "Perhaps you do not want to see these

¹ Frink, M. F., p. 292. ² Frink, M. F., p. 293. ³ Frink, M. F., p. 294.

things," the analyst replied. A little later he had returned to the charge, telling the girl, "There are none so blind as those who won't see." This was the source of the dream material. In the dream Miss Sunderland admired the mysterious forces of life, while her mother seemed blind. The dream figure of the mother represented the part of Miss Sunderland's personality which she derived from her mother's upbringing, i.e. moral puritanism and deliberate blindness towards biological facts. In the dream she at last got her mother to see. This meant that Miss Sunderland's resistances were failing, and that she accepted the analyst's point of view.¹

This was the incident which had occasioned the dream. Opposite the flat in which Miss Sunderland lived, there lived a young married couple whom she liked very much. She regarded them as "really good" people. The day before the dream, Miss Sunderland had learnt that the young woman had had a baby. Confronted with this clear proof that these exemplary young people had had sexual intercourse, Miss Sunderland had come to think that conjugal life could not be as disgusting as she had imagined.²

This dream marked a striking change in the patient's attitude; her resistances were manifestly disappearing. Her neurosis improved rapidly, and she seemed to be near cure. One morning she arrived late for her consultation, and told Frink that she had been afraid she would die on the way. She was much discouraged by this, for the day before she had had the idea that she might for the first time try to go to the doctor's house unaccompanied. That night she had dreamed that she was wearing a wedding dress and was about to get married. She suddenly changed her mind, and thought that she ought not to get married, and that if she did, she would die. She told her mother, who stood beside her in the dream, but her mother encouraged her to go ahead. The girl refused, and was on the point of running away, when she woke up.³

The general meaning of the dream is clear. In a waking state, Miss Sunderland had thought she was about to get well. In her dream, she found she was about to get married. The two things were identified in her mind. Since the neurosis was based on the resistance to marriage, to overcome this resistance was as much as to give herself in marriage. The dream showed that Miss Sunderland had changed her mind, and had again reverted to her resistances;⁴ after the dream, in fact, she again began to assert that sexuality was disgusting, and said she would never see Densmore again for fear of falling too violently in love with him.

¹ Frink, M. F., p. 294.

³ Frink, M. F., p. 295.

² Frink, M. F., pp. 294-5.

⁴ Frink, M. F., p. 295.

But this time she had a new argument. A relation of Densmore had been divorced. Miss Sunderland declared that she would never become a member of a family which showed signs of unfaithfulness or cruelty. She presumed, without any actual proof, that such were the charges brought against the husband who had lost the divorce case. She was afraid Densmore might be cruel too, for she had seen him treat a servant rather harshly.

Frink thought it improbable that Miss Sunderland would find a rather masterful manner in her husband altogether distasteful; his patient's rape-fantasies had informed him of her strong masochistic component. The argument based on the divorce which had taken place in Densmore's family was really the height of absurdity. It was the divorced woman who was a blood relation of the Densmores, and not her husband, against whom the charges of infidelity and cruelty were directed. How could a man who was only a family connection transmit his own faults to Densmore? Frink could not understand how a girl as intelligent as Miss Sunderland could put forward so obviously stupid an argument. All his logical reasoning was in vain against her obstinacy.¹

As a methodical psycho-analyst, Frink then argued that although his patient's ideas were logically absurd, yet they must be causally motivated. Miss Sunderland's argument was so stupid that it amounted to a morbid symptom, and should therefore be analysed rather than discussed. Frink therefore set to work to trace its psychological roots. After racking his brains, he at last formed the following explanatory hypothesis. He had noticed in previous analyses that when a patient was hesitating between two courses without being able to decide between them, he usually projected the disadvantages of the one upon the other. He thought this might be the case with Miss Sunderland; that she was hesitating between Densmore and someone else, and that the second person really deserved the charges of infidelity and cruelty which she was wrongly directing against Densmore.²

The following dream corroborated his hypothesis. "I was somewhere in a fine house. A woman was showing me beautiful dresses which I was to try on. It seemed I was about to marry a rich man, who was giving me all these things and who could give me anything I wanted. Then, I realized that the man I was marrying was a foreigner, perhaps a Chinaman, and I ran away, feeling that I could much more easily do without the things he could give me than get them at such a price."³

The Chinaman brought to the patient's mind a story which she

¹ Frink, M. F., p. 296. ² Frink, M. F., p. 296-7. ³ Frink, M. F., p. 297.

had read in a newspaper of a rich Chinaman who had a very beautiful white girl as his mistress. Then she started upon a topic which she had never previously mentioned to Frink. Before she fell ill she had made the acquaintance of a rich foreigner at a dinner party, and he had paid her a good deal of attention. She did not like him much, but she liked his fortune. Densmore, on the other hand, had very little money. His prospects were good, but she told herself that if she were to marry him then, they could only have one servant at a pinch. She did not feel drawn to this very moderate standard of living.

There followed another confession which Frink found even more interesting. The foreigner had been married already, and his wife had obtained a divorce by reason of her husband's infidelity. The newspapers in which Miss Sunderland had read an account of the proceedings had more or less openly charged the man with cruelty. Now Frink understood why Miss Sunderland had adopted such an absurd line of reasoning about the divorce which had taken place in Densmore's family. His hypothesis was entirely corroborated by the patient's admissions. He at last knew the real reasons for Miss Sunderland's resistances to the idea of marriage with Densmore. While her disgust at sexuality was in part derived from her childhood's impressions, it was primarily a mask to hide the attraction of money, and her desire for a luxurious and comfortable life. Miss Sunderland's whole neurosis was simply the eternal struggle between love and money.¹

With these associations, the dream's interpretation was clear. Marriage with the rich foreigner was, in Miss Sunderland's view, a kind of prostitution; hence her identification of herself with the rich Chinaman's mistress. The dream showed that she had renounced the idea of contracting the rich marriage open to her.

After that, Miss Sunderland went on to tell Frink that Densmore had begun to pay court to her, and that she had fallen in love with him, before she met the rich foreigner. When she saw that there was a fortune at her disposal, she had tried to detach her feelings from Densmore and to attach them to the rich foreigner, but without much success. Whereupon she had decided to go out into society as much as possible, hoping to meet a suitor as rich as the foreigner and as charming as Densmore. Then the neurosis occurred which provided her with a temporary solution of her psychic conflict, by keeping her at a distance from both the men between whom she could not make her choice.²

The analysis of the dream of the Chinaman put all the threads of

¹ Frink, M. F., pp. 297-8.

² Frink, M. F., p. 298.

the neurosis into the psycho-analyst's hand. Miss Sunderland now saw clearly into her own mind, and fully grasped the sequence of the stages of her illness. She came to her consultations alone, and felt no disturbing symptoms on the way. She told her doctor of the plan she had formed to bring Densmore to renew his attentions (for he seemed to have given her up in despair), and at the same time she told him that she saw no reason to continue treatment. Frink saw her again a month later, when she told him that Densmore had immediately responded to her invitation, and that all was going well. She married him about a year after the end of the analysis, and when Frink last heard news of her, she was in the best of health and spirits.¹

This account, which may seem rather long, is but a highly condensed summary of a superficial analysis. Deep analysis must bring back into consciousness all the infantile determinants of affectivity. Nothing of that kind was done in the case of Miss Sunderland, as Frink himself points out, where he tells us that the cure was obtained by diagnostic rather than by disintegrative analysis.² Even keeping to superficial analysis, we should have to reproduce much more considerable material than that which we have given here, before we could claim any reasonable corroboration for our interpretations of dreams. Nevertheless we hope that this bare outline of a psycho-analysis may give the reader some idea of the psychic complexity which often underlies the apparently so banal and so physical syndrome of neurotic anxiety.

IV. Obsessional Neurosis

Whereas the Freudian conception of anxiety states has been obscured by the distinction between somatic-sexual anxiety neurosis and psycho-sexual anxiety hysteria, Freud has been clear from the start on the question of obsessional neurosis, and has never altered the psychogenic theory which he at once ascribed to it. He first stated this theory in 1895, in an article in the *Revue Neurologique*, entitled "Obsessions and Phobias, their Psychic Mechanism and their Ætiology." Freud there makes a sharp distinction between obsessions and phobias, and connects the latter with somatic-sexual anxiety neurosis. This has not prevented the entire body of French psychiatrists who are not psycho-analysts (I have not succeeded in finding a single exception) from attributing to him, in the accounts they have published of his theories, the statement that obsessions are based upon anxiety. In 1895 Freud wrote: "The mechanism

¹ Frink, M. F., p. 299.

² Frink, M. F., p. 322.

of phobias is entirely different from that of obsessions."¹ No attention has been paid to this pronouncement, and there has been ascribed to him a theory of obsessions which is akin to that of Pitres and Régis, and which is totally at variance with his own doctrine. Freud's ideas on phobias greatly resembled those of Pitres and Régis, with this important difference, that Freud held anxiety to be derived from an undischarged accumulation of sexual tension. Freud's theory of obsessions had practically nothing in common with that of Pitres and Régis. But since it was not the custom in France to make any clear distinction between phobias and obsessions, the fact that that distinction was one of the cardinal points of Freud's early system passed unnoticed.

When Freud made up his mind, under pressure from Stekel, to separate the anxiety states and to leave room beside somatic-sexual anxiety neurosis for psycho-sexual anxiety hysteria, he *partially* bridged the gulf which he had originally set between obsessions and phobias, but only in order to accentuate the psychic nature of phobias. The French writers who published accounts of his work saw only the closer approximation of obsessions to phobias, and turned this into a further reason for attributing to Freud a doctrine which derives obsession from somatic anxiety. So the misunderstanding persisted.

We offer the following brief account of this long-standing confusion. At the first stage, Freud attributes obsessions to repressed memories; he believes them to be psychogenic. He attributes anxiety states to a bio-chemical disturbance of sexuality, which gives rise to internal sensations and emotions; the *primum movens* of anxiety is strictly material, so that anxiety states are somatogenic. French writers pay no attention to Freud's distinction, and represent him as saying that obsessions and phobias are based upon somatogenic anxiety.

At the second stage, Freud still attributes obsessions to repressed memories, and still considers them to be psychogenic. He duplicates anxiety states: besides anxiety hysteria due to repressed memories, and so psychogenic, he sets anxiety neurosis due to chemical sexual disturbances, and so somatogenic. French writers still make him say that obsessions and phobias are based on somatogenic anxiety.

Having cleared up this confusion, let us consider the psycho-analytical study of obsessional neurosis. This syndrome comprises not only forced representations, but forced feelings and forced movements; i.e. it includes all *compulsive* phenomena, whether cognitive, affective or motor. The word *compulsion* is a better translation of

the German expression *Zwang* than *obsession*, which is too easily restricted to the representational field.

The common characteristic of the compulsive states is obvious and need not be described. In the case of ideas, feelings and movements alike, compulsive states are forced upon the person's consciousness. In short, they are "*incoercible*."¹ This quality of "*incoercibility*" has been pointed out by many writers, long before psycho-analysis.

But while this *incoercibility* is the quality which most impresses patients, and which is always given the chief place in their accounts of their condition, the physician or psychologist who studies the illness from the outside is more struck by the *discrepancy* which he finds between the representation and the affective state. This discrepancy may be either quantitative or qualitative. One of Frink's patients who had been to consult a fortune-teller about a proposal of marriage was suddenly seized by the idea that the old wizard had put a spell upon her, and that she was going mad. This fear would have been understandable if the girl had believed in magic, but she did not believe in it at all, and even professed atheistic materialism; none the less the obsession of having been bewitched tormented her for a period of three months.² The quantitative discrepancy between the affective element and the representational element is clear. It is quite conceivable that a vague fear should have crossed the girl's mind, but the intensity and duration of this obsessive fear are clearly pathological. Another of Frink's patients, a married woman, was looking out of the window and saw a neighbour who was looking out of hers. She suddenly found that she could not drive the image of this person from her mind; without knowing the reason why, she felt bound to think of her. This obsessive representation was accompanied by feelings of apprehension and of depression, and lasted more or less continuously for four years or more.³ Here the quantitative discrepancy is reinforced by a qualitative discrepancy. Not only is the intensity of the affective state surprising, but its very tonality is incomprehensible. The obsessive patient's neighbour was a complete stranger, and there seemed to be nothing about her which the patient's consciousness recognized as capable of producing either alarm or despondency.⁴

The problem of compulsive states is therefore to be found in the startling discrepancy between the representational and the affective state. We might immediately assume that the affective states are sustained from another source. But if we question patients, we are

¹ Frink, M. F., p. 165.

² Frink, M. F., p. 164. Cf. the full case-history, pp. 186-259.

³ Frink, M. F., p. 164.

⁴ Frink, M. F., p. 166.

forced to conclude that they are completely unaware of any other basis for their improbable affective states than the ideas to which they connect them—ideas which, we may repeat, exhibit a complete discordance with the affective states. Every theory except psycho-analysis accepts this state of affairs as a primary datum beyond which we cannot go. Psycho-analysis flatly refuses to follow suit.

"*The emotional state, as such, is always justified.*"¹ That is the formula which Freud had already laid down in 1895 as the key-stone of the foundations of the psycho-analytical theory of obsession. The affective state of the obsessional seems to be incomprehensible because it is brought about by *displacement*. Originally there was a true proportion between the representation and its affect. This representation-affect combination came into collision with other tendencies of the personality, and endo-psychic conflict ensued. This conflict ended in the divorce of representation and affect. The representation has been repressed, but the affect continues to exist in consciousness. Thus freed, it later becomes attached to other and inappropriate representations, whence its apparent discrepancy. This discrepancy is the result of a displacement, due in its turn to a failed repression.

Here we may see both the differences and the resemblances between the three psycho-neuroses: hysteria, anxiety psychosis, and obsessional neurosis. In all three cases the disturbance is founded on psychic conflict and failed repression. But the fate of the affect is different in each neurosis. In hysteria the affect is transformed into a physical symptom such as paralysis, contracture, etc. (the mechanism of *conversion*). In anxiety states, the affect is changed into anxiety (Freud's earlier explanation), or it arouses an anxious defence-reaction (the present explanation of his pupils). In obsession, the affect continues to exist, but is transferred to other representations (the mechanism of *substitution*).²

That is not usually the end of the story. The idea to which the painful affect has been transferred is opposed by *defence-processes*. These processes, whose original purpose was protective, become obsessive in their turn. Here is a simple example. One of Frink's patients was suffering from arithmomania. She was conscious of a force continually impelling her to count the squares in a parquet floor, or the steps of the stairs, etc., and this action was accompanied by intense anxiety. Many writers used to consider such an obsession as primary and indestructible; we may find instances of arithmomania quoted in the works of all non-psycho-analytical psychiatrists who have dealt with obsessions, *without any interpretation whatever*. They

¹ O. P., p. 129.

² Frink, M. F., pp. 169-70.

seem to think it quite natural that a neurotic should feel anxiety on counting the squares in a parquet floor, for that is what constitutes his illness. Freud is not content with explanations of this kind; he carries his investigations much further, and observes that arithmomania is not primary. The patient experienced temptations she wanted to resist, and with this object she began to count, in the hope of distracting her attention, but she only succeeded in replacing one obsession by another; an obsessive wish was succeeded by an obsessive defence-process.¹

Here we may note the special characteristic of the Freudian interpretation of obsessions. Where academic psychiatry sees no more than a *primary* absurdity, Freud points to a psychological mechanism which is more or less complicated, but radically comprehensible. In his view, the compulsion to count is by no means absurd; it has meaning and purpose, and is seen to be closely akin to the phenomena which take place in normal consciousness, as soon as the psychic conflict whence it derives has been successfully discovered.

Let us turn to a rather more complicated example. One of Brill's patients always used to make a nervous movement with his arm. When questioned about it, he replied that the purpose of the movement was to prevent God from entering him, and that for months he had been obsessed with the idea that "God might get into him." It is clear that the secondary defence-process, the arm movement, had already become obsessive. Seeing that the idea against which his patient was struggling was apparently incomprehensible, Brill asked him to relax and to give him his associations. The obsessive patient began by repeating that he was afraid God might get into him, and then stopped. When Brill urged him to go on, he said that a memory had come into his mind which had nothing to do with the question. Brill asked him nevertheless to reveal it. The patient then told him that six months earlier, someone in his office had told him to look out of the window, and he had seen two big dogs having sexual intercourse. A number of imaginations came flocking to his mind, especially "What would be one's feelings if one had sexual intercourse with a bitch?" Suppressing this fantasy, he said to himself: "I will not get into the dog, the dog may get into me." The similarity between the two phrases "GOD may get into me—The DOG may get into me" seemed to provide the obvious interpretation, and it was definitely confirmed by the fact that the patient had a trick of inverting words when writing in his diary.²

¹ O. P., p. 130.

² de Saussure, M. P., pp. 14-15.

The psycho-genetic formula is now clearly visible. A trivial incident arouses some perverse wish in the patient. This wish is vigorously opposed and disappears, being replaced by a reaction-formation, or fear. But this reversal of the affect is not sufficient; a more complicated defence mechanism is to intervene. The word "dog" is replaced by the word "God": a verbal inversion effects the substitution of the highest possible idea for a grossly sensual representation. Nevertheless, the patient still finds the thought of the possibility that God may enter into him charged with painful affect, and he defends himself against it by an arm movement which in its turn becomes obsessive.

Now that we have made known the fundamental principle of the psycho-analytical theory of obsession, and demonstrated its application to one or two typical examples, we are in a position to compare it with the various other psychiatric theories of obsession, i.e. the intellectual theory, the emotional theory, the psychasthenic theory, and the aboulie theory.

The intellectual theory, once commended by Westphal, is not much in favour in these days.¹ But it exhibits points both of resemblance to and difference from the psycho-analytical theory which it is important to notice. The differences are obvious. The intellectual theory ignores the unconscious, while psycho-analysis is entirely based upon its acceptance. This fundamental divergence entails many consequences. The intellectual theory is forced to admit that the affective state is causally related to the image to which it is attached by consciousness. But one of the most distinctive qualities of obsession is a flagrant discrepancy between image and affect. This explains why the intellectual theory was discredited, and gave place to the emotional theory. But does this demolish the intellectual theory completely, and divorce it utterly from the psycho-analytical conception? As a matter of fact, the intellectual theory was based upon a correct, but wrongly-applied, idea. The intellectualists were right in thinking that every affective state derived from a cognitive state, but wrong in believing that the cognitive state was necessarily conscious. Freud, as we have said, resolutely maintained that "*the emotional state, as such, is always justified*."² One could not hope to find a more completely intellectualist formula,³ but here the intellectualism introduces an absolutely new idea. The image to which the affective state is truly related has become unconscious, or

¹ On this point cf. Janet, O. P., vol. i, pp. 448-53.

² O. P., p. 129.

³ To be strictly accurate, we should say "cognitivist" rather than "intellectualist," for the underlying representation may be an image and not a concept or a judgment. (D.)

has at least been separated from the affect by a primary defence mechanism. In France, this close connection between the psycho-analytical and the intellectual theories has passed almost unnoticed; the psycho-analytical theory has been repeatedly described as pure affectivism. This misconception is based first upon the aforementioned confusion between the psycho-analytical theory of phobias and that of obsessions, and in the second place, upon a false reduction of the Freudian interpretation of phobias to the emotional theory as advanced by Pitres and Régis. It would hardly be paradoxical to describe the psycho-analytical conception as a radical restatement of the intellectual theory.

The complete discrepancy between image and affect at the conscious level was to bring about the fall of the old intellectual theory. It was clearly unable to explain why a patient felt an urge to count the squares in a parquet floor, let us say, and why he experienced intense anxiety as he did so. Once the intellectual theory had been eliminated, it was necessary to fall back upon the emotional theory, admitting the primary existence of an "unmotivated" form of anxiety. But without breaking down the principle of causality, it was impossible to assume a wholly unmotivated anxiety. The failure of psychic determination led to the hypothesis of somatic determination. Thus we may see why the emotional theory of obsessions contracted an offensive and defensive alliance with the peripheral theory of emotions of James and Lange. In France, it first gained the support of Pitres and Régis, but was later taken up again and more or less modified by the followers of Dupré, in terms of his ideas on the emotional constitution. At present it is accepted, with variations of detail, by a large number of psychiatrists. To quote a single example, Hartenberg's *Les Psychonévroses anxieuses*, published in 1922, was inspired by it. This is in many ways a remarkable work, and a typical example of the view of obsessional states held by French psychiatrists opposed to analysis.

Hartenberg grants that obsession is based upon diffuse anxiety. This is the first premise of the emotional theory, which Freud rejected so long ago as 1895, when he made a distinction between obsessions and phobias. Hartenberg admits that it is difficult to maintain the peripheral theory of emotion of James and Lange,¹ a concession which leads him to attribute a psychic as well as a somatic origin to anxiety. He expressly states that anxiety may have either a central or a peripheral starting-point.² This distinction might have led him to evolve a perfectly acceptable synthesis, but to this end he would have had to make a strict philosophical analysis

¹ Hartenberg, P. N. A., p. 11.

² Hartenberg, P. N. A., pp. 19-24.

of the nature of the affective states, and of their relations to the cognitive states. Nothing of the kind is to be found in his work. He is therefore forced to admit that the true causes of anxiety are organic, and almost entirely to eliminate the influence of the psychic factors. In the ætiology of anxiety, he gives the first place to anxious constitution,¹ beside which he sets acquired organic factors. The result of this emphasis of constitutional anxiety is a certain pessimism in the realm of therapy.² Ultimately his interpretation implies that anxiety has an organic, rather than a psychological, origin and explanation.

Hartenberg disagrees with Freud on the essential postulate that "*the emotional state, as such, is always justified*," and also in the slight importance which he attaches to the unconscious. He does not categorically deny it, but he is not interested in it, and makes no use of it in his explanations. Thus, for example, he points out that in obsessional cases the original idea may be replaced by a series of other ideas by means of an associative mechanism. He reminds his readers that this fact has already been observed by Pitres and Régis, by Legrand du Saulle, Magnan, Sollier, etc., but—and this is an extremely important point—he only mentions *conscious displacements*.³ He wants to know no more about the obsessive patient's psychism than the patient himself knows.

Hartenberg of course confuses the Freudian explanations of obsession and anxiety neurosis. "Freud and Hecker," he writes, "hold that obsession is a product of anxiety neurosis."⁴

In order to illustrate the difference between the emotional theory and the psycho-analytical conception, we offer an account of one of one of Dr. Hartenberg's typical cases *in full*. Then we shall give a possible psycho-analytical interpretation of it.

Obsessive phobias of contact, dirt, etc., are common, simply because everyday life gives so many opportunities for them to arise. This is what was once called, "*délire de toucher*."

They may be aroused by many and various objects, but their most frequent form, when they become obsessive, is that relating to dirt. It leads, by way of defence-mechanism, to repeated washings which themselves end by becoming an obsessive need.

Here is a case of my own:

The patient, Mme. F., was about forty-five years of age. Her expression betrayed uneasiness and disgust; her upper lip being curled, and the naso-genial furrow very marked.

She had always been an anxiety case, and had suffered a number of accidents. Fear of asphyxiation by gas made her remove all gas-

¹ Hartenberg, P. N. A., p. 24.

² Hartenberg, P. N. A., pp. 60-3.

³ Hartenberg, P. N. A., p. 238.

⁴ Hartenberg, P. N. A., p. 115.

pipng from her rooms; she used electricity for lighting purposes, and heated water for her bath on a wood fire. Through fear of poisonous fumes from her anthracite stove, she used to get up several times during the night to see if it was drawing well. She was also tormented by the scruple of not paying sufficiently frequent visits to her husband's tomb.

But when she came for treatment, her state was dominated by an obsessive disgust for all the excretions and similar products of the human body, such as saliva, urine, fæces, and menstrual blood. She was afraid of these only, and remained quite indifferent to dust, germs, and dirt of all kinds. She was equally apprehensive of her own and of other people's excretions, etc., and was continually afraid lest some object she used personally (e.g. toilet articles, brushes, combs, handkerchiefs, linen, door-handles, keys, etc.) should have become soiled. She defended herself against this phobia by continual washings. Her hands had to be washed as soon as she had touched a doubtfully clean object. When making her toilet, she was afraid lest some saliva from the brushing of her teeth might have lodged in the basin, and used to wash it out twenty times before she could use it. After going to the lavatory her hand-washings would be endless. During her menses, she was constantly afraid of staining everything with blood.

She washed not only her hands, but everything which might have become soiled. Every day she had her brushes and combs washed. Twenty handkerchiefs a day went into her laundry-basket. Her veils were washed after each use, in order to clean away the saliva which might have been deposited on them. On returning from a walk she used to dry-clean her gloves and the edges of her dress which might have come in contact with the pavement at a point where it had been fouled with spittle, urine or excrement.

In the end she compelled all those who surrounded her to adopt the same regime of cleanliness. Her servants had to wash their hands every time they touched anything which she was to touch. She spied on them when they went to the lavatory, and told them to wash their hands several times. Her lover had to leave his shoes in the hall lest he should bring dirt from the street into her room.

This woman's life was dominated by this obsession, which entered into everything she did. When there was some ground for her fear of pollution, she suffered a regular crisis of anxiety, in the course of which she would continue washing ceaselessly, without being able to leave the basin or to control her alarm. At the same time she had the feeling that she herself was about to expectorate; her mouth filled with saliva, which seemed to overflow and spread all round her.

The origin of this obsession was as follows:

The patient had lost her husband some ten years previously, and used to visit the cemetery once a week. She thought that this act of commemoration should be marked with particular care, and wish-

ing to make her pilgrimage to the dead in a spirit of the greatest moral purity, she took pains to achieve a recollected and contrite state of mind. Then, little by little, this concern for purity was extended from the moral to the physical sphere. She dressed with great care, and paid scrupulous attention to personal cleanliness. She had to appear before her husband's tomb with a body as pure as her soul.

This state of affairs, with weekly visits to the cemetery, went on thus unchanged for eight years. But two years before, the patient suffered a terrible sentimental crisis which seriously upset her nervous condition; her lover, whom she adored, showed signs of being about to leave her. First, he was nearly stolen from her by one of her friends. She fought furiously to protect her property, and left the field bruised, but victorious. From that time her nervousness and anxiety increased. She began to look upon the visits to the cemetery as a ceremony even more solemn than before.

She was afraid, too, of no longer being pure enough to make her pilgrimage. She became more and more apprehensive of approaching the tomb in a soiled condition, and of soiling it by her contact. She was especially afraid of spitting on the wreaths. And so by degrees a continual preoccupation with cleanliness and a phobia of pollution took possession of her mind: until at last the obsession we have described became chronic.

At first she had tried to fight against her phobias, and to resist the washing impulses. She turned to amusements and to travel, but in vain.

For unfortunately the ulterior circumstances only contributed to increasing her neurosis. Her lover, who certainly loved her no longer, had lost all his money, and told her of his intention to restore matters by making a rich marriage. Again she was badly shaken and gave way to despair and tears. In order to give herself courage, she took to drinking tea, coffee and champagne, and the effect of these stimulants on an already disordered nervous system can easily be imagined. At present she is expecting to hear every day of the final rupture, and she is living in a state of complete demoralization, entirely at the mercy of her obsession, against the domination of which she can no longer struggle.¹

This case is excellently set out from the clinical point of view, but it is very noticeable that Dr. Hartenberg suggests no solution of his patient's case. He does not seek to establish causal relations among the events he describes, or to discover what has been the *primum movens* of the neurosis. This case is one of a series which are equally minutely described but not interpreted.

Now let us suppose that a psycho-analyst reads this case-history.

¹ Hartenberg, P. N. A., pp. 166-9.

How would he look upon it? He would first notice that the fears of asphyxiation by gas and by fumes from the anthracite stove have a common root in the fear of death. Knowing too that death anxiety is often the result of a bad conscience,¹ he would envisage the possibility (without, of course, making any definite statement as yet) of some moral conflict. Reading on, he would pause and reflect on the passage which describes the patient's disgust at all pollutions emanating from the human body. He would be astonished to find that Dr. Hartenberg's list contains only saliva, urine, fæces and menstrual blood, and would wonder why semen does not figure.

If Dr. Hartenberg [he would think] is responsible for this omission, i.e. if Mme. F. mentioned semen among the pollutions which disgust her, it is important to find out whether it plays a leading part among her fears, or is merely episodic. If on the other hand Mme. F. mentioned to Dr. Hartenberg all the pollutions emanating from the human body except semen, it is more than likely that she is concealing a sexual conflict.

Turning over the page, our imaginary psycho-analyst would learn that Mme. F. has a lover, and would conclude that his hypothesis was well on the way to certainty. At the bottom of the page he would read that the obsession began when the patient visited her husband's tomb, that "wishing to make her pilgrimage to the dead in a spirit of the greatest moral purity, she took pains to achieve a recollected and contrite state of mind,"² and that "little by little this concern for purity was extended from the moral to the physical sphere."³ He would now feel certain that his interpretation was correct, and would state it more or less as follows:

Mme. F. is really suffering from an obsessive remorse. Her vashing obsession, which seems so absurd, is simply a deceptive substitute for a perfectly well-justified feeling. Mme. F. is struggling in the grip of an insoluble psychic conflict: on the one hand, she is passionately in love with her lover; on the other hand, her moral upbringing and the memory of her husband make her regard the situation as irregular and shameful. She is not strong enough to break her attachment, nor can she keep the voice of conscience silent. She therefore resorts to a compromise formation: an exterior, symbolic purity takes the place of the moral purity which she does not feel strong enough to put into practice.

Having thus stated his synthetical reconstruction of the case, the psycho-analyst would proceed to indicate some of the conclusions

¹ Stekel, *Ö. N. A.*, p. 25.

³ Hartenberg, *P. N. A.*, p. 168.

² Hartenberg, *P. N. A.*, p. 168.

which can be drawn from the point of view of therapy. It is useless to make a direct attack upon these obsessive washings, for they are only the effect-sign of a deep psychic conflict. Since the phobia of contamination is simply a cover for obsessive remorse, the patient must first and foremost be made aware of the symbolic and substitutional character of her symptoms. If she wants to be cured, she must allow the feeling of guilt, for which she has, by means of a defence-mechanism, substituted the feeling of physical uncleanness, to reappear in its most acute form. This implies the temporary acceptance of suffering more painful than the neurosis itself, for however distressing the latter may be, it is essentially a purposive attempt to cure the remorse by counter-irritation. Once the original moral conflict has been thus relived, and not merely remembered, a solution for it must be sought in the weakening, or even in the complete destruction, of one of the conflicting components, passion or conscience. Even the most hardened materialist would not suggest an attempt to weaken the moral conscience. The woman's ethical feelings are too deeply rooted (as her neurotic sufferings show), and are too closely bound up with her personality as a whole, for it to be possible to attempt to reduce them. All moral considerations apart, and counting only the net psychological returns, such an attempt is inadvisable. We must therefore try to dissociate the passion, and in doing so we must remember that the innate sexual instinct only approximately determines the qualities sought for in the love object. Love fixated upon a particular person presupposes, besides the congenital sexual urge, a large number of acquired determining factors, resulting from earlier experiences by way of conditioned reflex mechanisms—or, using the term in a wide sense, by way of displacement. Analysis can therefore attack such a passion by bringing into consciousness the memory of the incidents which have gone to form the individual's choice of a love object. By these means, the psychoanalyst would conclude, we may hope that psycho-analytical treatment would be successful, provided that the obsession, which is unfortunately of long standing, has not become too deeply rooted in the personality.

We have indicated in outline the interpretation which a psychoanalyst would certainly give, were he asked for his opinion on Dr. Hartenberg's patient. In addition, he would probably point out several obscure elements which needed elucidation. In the first place, he could not be sure of the connection of the gas and anthracite stove phobias with the main theme, without a good deal more information, consisting primarily in an exact chronological history of the patient's past sexual life. If these phobias were found to pre-

cede her first errors of conduct, their explanation would have to be sought elsewhere. This chronological sexual history would also help to resolve the problem of the woman's frequent visits to her husband's tomb, which might be due simply to fidelity to his memory, but might more probably involve a process of compensation; she may have had a lover while her husband was still alive. The whole reconstruction of the neurosis seems to depend on the sexual chronology. There is a further obscure point: the woman has had a lover for many years, and it is unlikely that she would care to run the risk of becoming a mother. We may therefore assume that she uses contraceptive methods, and must discover the precise nature of these methods, for if our hypothesis is correct, the part played by such practices in the ætiology of the neurosis must be carefully studied. Still supposing the employment of contraceptive methods, we may investigate the possibility that their use may have led to incomplete satisfaction, and that the patient may have thus become addicted to masturbation. The existence of masturbation would probably partially explain the guilt sense. Here again an exact chronological history is indispensable. The construction of the very framework of the neurosis depends upon the date of origin of masturbation. Such are some of the problems which would occur to a psycho-analyst considering the case of Dr. Hartenberg's patient.

We hope that the discussion of this case will have precluded all possibility of confusion between the emotional and the psycho-analytical interpretation of obsession. The reader must judge for himself whether the light which Freud throws on these questions is true or false. For the moment, we are only concerned with making as clear a distinction as possible between the different psychiatric explanations of obsession.

While the emotional theory of obsession numbers a good many supporters, the psychasthenic theory owes its special favour to the world-wide fame of its principal exponent, Pierre Janet. Janet's ideas are too well known to need yet another exposition; for our purposes, the interest lies in their divergence from those of Freud.

Janet holds that obsession is secondary to psychasthenia; Freud, that psychasthenia is secondary to obsession. Let us return to our locomotive simile. According to Janet, psychasthenic neurosis is a disturbance in which the negative aspect is primary: the psychasthenic may be compared to a locomotive that lacks fuel. According to Freud, psychasthenic neurosis is a disturbance in which the negative aspect is secondary, resulting from a conflict between two positive forces, neither of which need be intrinsically deficient: the

psychasthenic may be compared to two locomotives, both well provided with fuel and steaming at full pressure, travelling in opposite directions on the same track, and so hindering progress in either direction. We pointed out this radical divergence between Janet's and Freud's formulæ in the preceding chapter; nowhere is it more emphatic than in the case of obsession.

The fundamental divergence between the two formulæ entails a number of consequences. The point of view of the priority of deficiency leads to the attachment of great importance to heredity,¹ and hence to a certain pessimism in therapy. Even if psychasthenia is not held to be dependent upon heredity alone, great causal value will be attributed to the somatic factor, at the expense of the psychic factors. This is extremely striking in Janet's great work, *Les Obsessions et la Psychasthénie*, which stands as a real turning-point in the author's career. The symptoms shown by psychasthenic and obsessive patients are there described with admirable precision, *but they are not given a psychological explanation*. This forms a complete contrast with the interpretations of hysterical symptoms given by Janet in his earlier works, such as *L'Automatisme psychologique*, or *Névroses et Idées Fixes*. The psychasthenic theory marks the point at which Janet abandons psychogenic explanations.

On the other hand, the point of view of the priority of psychic conflict, while accepting the part played by heredity, leads in many cases to a diminution of the importance of the latter factor. Hence therapeutic optimism necessarily follows. Acquired somatic factors will likewise be regarded as potentially active, but the main emphasis will be laid on the psychic factors. The first place will be given to psychological explanations, and they will be regarded as truly causal. Later we shall see that the divergence between Janet and Freud is ultimately one of technique of investigation.

Of all psychic phenomena, morbid doubt seems the most favourable to Janet's interpretation. All accounts of psychasthenic cases agree in stressing this essential feature in their patients' characters. It makes no difference whether we speak of it as a disturbance of the intelligence or of the will, whether we speak of intellectual hesitation or of aboulia, the thing itself remains the same. Morbid doubt may be explained in two ways. We may either, with Janet, hold it to be a primitive incapacity to achieve mental synthesis, the result of too weak a psychological tension; or else, with Freud, we may hold it to be the result of a conflict between two equally strong impulses neutralizing one another. The following quotation from Frink clearly shows why psycho-analysts think it necessary, in a case of this kind,

¹ Janet, O. P., vol. i, pp. 607-11, 631-3, 684.

to replace the idea of deficiency by that of opposition, psychasthenia by ambivalence.

A young bachelor began to suffer obsessive remorse after an unhappy love affair. The nature of this self-reproach was constantly changing, and often centred round trivialities. One day he went into a shop to buy a straw hat. He chose one, and went away wearing it. He had hardly left the shop before he began to think: "You ought not to have bought that hat." Absurd as it may seem, he experienced an intense feeling of having done wrong. After trying in vain to reason with himself, he had to retrace his steps and change the hat.¹ While he was going towards the shop, a new train of thought occurred to him: "Maybe it would be better if I kept this hat. Maybe I am making a mistake if I take it back." Just as he reached the door of the shop, he decided to keep the hat, and went off again. Before he had gone very far, he was once more overcome by a feeling of guilt. At last he returned to the shop and exchanged his hat, which considerably, if not entirely, relieved his mind.²

On another occasion he went to the bank to get a new cheque-book. Hardly had he received it before he felt an urge to give it back, with the feeling that the least delay would be very wrong.³

Yet again, a friend suggested to him that he should join a certain regiment. "Well, perhaps I will join before long," the patient answered. Soon after leaving his friend, he was overwhelmed with remorse: "You ought never to have said that. You shouldn't join that regiment." He could not prevent himself from returning to his friend and taking back his words. Having done so, he began to think: "Maybe it would be better if I did join. Maybe I should not have said I wouldn't." A day or two later, his mind having been continually disturbed on the subject, he went to see his friend and told him that he had decided after all to join. At once he felt he was wrong; his early regrets reappeared, so that once more he had to retract his decision, etc.⁴

I do not think anyone would deny this patient the label of psychasthenia. He is quite worthy of taking his place in Janet's collection beside Ger, who hesitated on the stairs for three hours, with an empty jug in her hand, wondering whether she ought to buy some soup or not.⁵

But the agreement between Janet and the psycho-analysts on the question of obsessions and psychasthenia does not extend further than simple clinical description. After having noted the details of the young man's case, Janet would think that the true psychological work was over, and that nothing remained for him but to discover

¹ Frink, M. F., p. 172. ² Frink, M. F., p. 173. ³ Frink, M. F., p. 173.

⁴ Frink, M. F., p. 173.

⁵ Janet, O. P., vol. i, pp. 150-1.

the somatic determinants of the general psychasthenic state. Frink, as a faithful follower of Freud, does not agree; he prefers to think that his patient's emotional disturbance must be psychologically justified, and he undertakes to search for the roots of the obsessive doubt by the psycho-analytical method.

He observes that the patient is a man of education and of exceptional intelligence. Yet against these doubts and fears he is absolutely defenceless. He is continually besieged by the feeling that he is doing wrong, and is unable to explain this crushing guilt sense, for nothing in his life seems to justify it. He is a man of high morality, and respected by all who know him.¹

His symptoms may however be explained if we take into account certain elements of his mental life of which he is not clearly conscious. We have said that he had experienced an unhappy love affair. The circumstances of this disappointment in love were such as to arouse in him intense resentment, not only against the girl, but against his own family, and his father in particular. Furthermore, this hostility against his father was simply a revival of earlier feelings of childhood, motivated by scoldings and punishments. These feelings of hatred were completely repressed and kept away from the field of consciousness.

But what relation could there be between this hostility against his father and the series of diverse and unrelated obsessions we have described? The unrelated quality of the obsessions is an illusion due to superficial observation; they are in reality quite thematic, and turn on the fundamental complex. They are all connected by an "absurdly simple" associative link. The straw hat chosen by the patient had a tiny bow of red ribbon on the inside. He had seen this as he examined the hat, but without paying it any attention. But it is important to notice that when he saw it, he thought it looked like a blood stain. To wear this hat was therefore, as it were, to have blood on his head. That is the explanation of the guilt sense, which is released by the mechanism described by von Monakow and Mourgue as "extension of the reflexogenous zone."²

The cheque-book which the patient returned as soon as he had received it had a red cover. Here again the explanation is clear. If he had kept it, the young man would have had blood on his hands. When he had been given a book with a yellow cover, he felt relieved.

The idea of joining the regiment was also connected with repressed homicidal fantasies. As a proof of this Frink quotes a thought which had passed through his patient's mind: "Suppose I

¹ Frink, M. F., p. 173.

² See above, p. 248.

join the regiment and there is a strike in which the militia are called out, I might have to kill someone."¹

The apparent polymorphism of obsessions therefore gives place to a clear thematism, which is essentially ambivalent. The patient is torn between two opposite feelings. On the one hand the moral principles implanted by his upbringing arouse horror of all that recalls the shedding of blood. On the other hand his instinctive, asocial tendencies impel him to cruelty and murder. The obsessive doubt is therefore derived from the psychic conflict. His psychasthenic state is not due to any original weakness, but to the collision of two powerful forces moving in opposite directions.²

At this point an objection will no doubt be raised. It may be said that the cruel tendencies are assumed to cover the facts of the case. Frink's explanation is possible, but it is not necessary. Frink himself foresaw this objection, and in order to parry it, he investigated his patient's childhood. As a boy, he had been very disobedient, jealous and subject to violent fits of temper. He had manifested a certain tendency to cruelty towards other children and towards animals. He had been jealous of his brother and had often desired his death; once in a fit of anger, he had nearly killed him.³

An element of cruelty in the patient's character is not therefore simply assumed to suit the facts of the case, but is positively proved to have existed. Interpretation is not concerned with facts, but with relations. Here we have a so-called psychasthenic who was an intolerable scamp as a child, and who is now a young man of high moral character. We must acknowledge that his gentle disposition is not primitive, and simply represents an over-compensation. He is afraid of being impelled to commit murder. Knowing his past, and knowing too that he has good reasons to hate his father, how could we regard this fear as primitive and objectless, or fail to recognize it as a defence-reaction against a hostile impulse, latent, but none the less real?

We may see from this case why psycho-analysts hold that Janet's theory of the priority of a general psychasthenic state, of a comprehensive deficiency of psychological tension in obsession, needs complete revision. Hesnard, after having criticized Janet's pet theory of the *function of reality*, thus expresses the view current among Freud's disciples: "We refuse likewise to regard psychasthenics as lacking in psychic energy, for too many facts lead us to suppose that they are suffering from an excess of energy which they do not know how to consume."⁴

¹ Frink, M. F., p. 174.

³ Frink, M. F., p. 175.

² Frink, M. F., pp. 174-5.

⁴ Hesnard, S. N., p. 206.

The principal argument which psycho-analysts adduce against Janet's theory is based on the study of the childhood of obsessional patients; candidates for psychasthenia go through a period of exceptionally intense infantile amorality. This proves that the impulses against which they say they are contending later are not mental fictions. Kretschmer, who is an independent thinker rather than an orthodox psycho-analyst, and who is widely eclectic, expresses his views on this subject as follows:

It is striking how many patients suffering from reference-neurosis or compulsion-neurosis give a history of a very violent and precocious awakening of sexuality, which often led them in early school-days to intensive masturbation, to childish erotic adventures, to much sexual fantasy and curiosity and fascination for the obscene. Or they show definite perverse sexual components, especially of a sado-masochistic and homosexual nature. These anti-ethical components of the person's constitutional make-up may act like an irritant and lead to hypertrophy of the factors concerned with the ethical regulation of impulse. The personality then develops over-compensation on a huge scale to act as a defence against the over-stimulated or perverse sexual impulses. This process is expressed in the peculiar over-conscientiousness, scrupulosity, and prudery shown by sensitive neurotics. In favourable cases this leads to a genuine hypertrophy of the moral sensibilities, and enables such people to develop social qualities of an exceptionally high order and to become unusually decent and altruistic citizens.¹

The divergence between Freud's and Janet's doctrine is not limited to the substitution of the idea of ambivalence for that of psychasthenia. There is also complete disagreement on the part played by the unconscious in obsessive states. Janet limits the ætiological power of the unconscious to hysteria, while Freud believes that it extends to all the neuroses. In the case of obsessive states, the dispute between the two schools is one of method, i.e. it gives the key to the difference between their systems.

Referring to Janet's early works, we find that he has only investigated the unconscious by means of hypnosis and similar techniques, such as crystal-gazing and automatic writing, etc. These processes are successful in many cases of hysteria. But as a general rule, obsessional, anxiety and psychasthenic patients are resistant to hypnosis, as Janet himself has often pointed out.² From this he has drawn a conclusion which involves the whole development of his system, and sets him in radical opposition to Freud, viz. that the ætiological function of the unconscious is limited to hysteria. At the end of a

¹ Kretschmer, T. M. P., p. 203.

² Janet, O. P., vol. i, pp. 319-35

comparative survey of hysterical and psychasthenic symptoms, Janet concludes: "These remarkable differences depend upon an important fact which is exhibited by the hysteric and not by the psychasthenic, restriction of the field of consciousness."¹ This formula is vital to the understanding of Janet's system.

Freud, on the other hand, certainly practised hypnosis in his early days, but soon abandoned it in favour of the study of spontaneous associations as a technique of investigation. He found that it had the advantage of being equally useful in cases of obsessional neurosis, anxiety states, psychasthenia or hysteria. It led Freud to the very important idea of unconsciousness of relations, which Janet had not brought to light. Freud agrees with Janet that obsessionals do not exhibit the massive amnesias we find in hysteria, but it is a far cry from this to the conclusion that the unconscious plays no causal part in obsessive states. This conclusion, indeed, would only be valid if the knowledge of two facts were enough *ipso facto* to ensure knowledge of all the relations of similarity, causality, etc., that might exist between them. This is the postulate of the older academic psychologists of the English school of radical empiricism. It implies static atomism, acknowledging *things* only, and ignoring their *relations*. Though Freud is by no means a metaphysician, his technique of investigation led him to distinguish between unconsciousness of *events*, the characteristic of hysteria, and unconsciousness of *relations between events*, the characteristic of obsessional states.

In neither case . . . [he writes] was there really an amnesia, a lapse of memory; but a connection, which should have existed intact and have led to the reproduction, the recollection, of the memory, had been broken. This kind of disturbance of memory suffices for the obsessional neurosis; in hysteria it is different. This latter neurosis is usually characterized by amnesias on a grand scale.²

In his study of the psychology of obsession, Frink writes:

If we were acquainted with every detail of the patient's mental life, it would at once be plain that there are most adequate reasons for the strong affects in question, but that he was not fully aware of them, that they were partly unconscious. Or we might find that though he was conscious of the causes of the strong affects, he was not conscious of them as causes of these affects, that, in other words, he did not recognize the connection between the affect and its cause.³

¹ Janet, O. P., vol. i, p. 735.

² Frink, M. F., pp. 166-7.

³ I. L., p. 239.

This is a perfectly accurate definition of relational unconsciousness.

Since he did not use the associative method which alone enables us to disclose relations which have *never* been conscious, Janet has not reached the concept of relational unconsciousness. He has therefore been led to make a fundamental distinction between psychasthenia and hysteria, and to maintain that the unconscious plays no part in either psychasthenia or obsession. He often points out that an obsessive idea has been replaced by another, and he gives some excellent examples of displacement—the latter always at the conscious level. As we mentioned when discussing Dr. Hartenberg, Janet, who is the founder of the psychology of the unconscious as applying to hysteria, refuses to treat psychasthenics and obsessionals otherwise than as a psychologist of the conscious. Let me quote from Janet a typical example of displacement:

Jean is much disturbed because (i) he has eaten some bread, (ii) which came from a particular baker, (iii) who had been recommended to his mother by a friend, (iv) whose wife had died lately on a particular day, (v) which happened to be the anniversary of the very day (vi) on which he began to be distressed about Charlotte.¹

This displacement is an excellent example of its kind, but it takes place at the conscious level. It is interesting with regard to the evolution of already established illness, but it tells us nothing about its origins. Therefore the psycho-analysts hold the view that while Janet has established the descriptive psychology of obsession in definitive terms, he has shed no light upon its psychogenesis.

The following quotation from Dupré and Trepsat clearly illustrates the part played by psycho-analysis in the discovery of the psychogenesis of obsessions.²

The patient Jeanne, aged twenty, moderately intelligent and well educated, with a constitutional predisposition to scruples, had for two years been suffering from an obsessive impulse to kill her mother. She was listless and idle, vague and aboulie, quite incapable of adjusting her thought and conduct to reality. She exhibited apparently causeless anxiety attacks, complicated by fugues, alternating with periods of depression and low spirits, accompanied by tears and

¹ Janet, O. P., vol. i, p. 73.

² Dupré and Trepsat, "Les rapports du refoulement psychique et de l'émotivité dans la genèse de certaines psychonévroses," in *L'Encéphale*, seventeenth year, No. 1, January 1922, pp. 31-8; No. 2, February 1922, pp. 109-14. This work appears in the posthumous collection of Trepsat's work, *Œuvre Psychiatrique*, pp. 125-42. Jeanne's case-history also appears in the article entitled "La Psychanalyse," in the same collection, pp. 67-74.

self-pity. She was very much the same type of case as those studied by Janet, who attributes their main symptoms to a lowering of the psychic tension. Though Jeanne was incapable of concentration on any employment, or of any form of self-control, she was perfectly conscious of the morbidity of her state, and of the obsessive pre-occupations which dominated her. She reproached herself for her wicked feelings, for her hatred of her mother, whose throat she felt impelled to cut or whom she felt impelled to strangle—"quite involuntarily," she would add, "for I really adore her." The childish absurdity of the co-existence of two violently opposed feelings towards her mother, the patient's restless uneasiness, and the persistence of conscience in such a disordered psychism, are all characteristics of a state of morbid emotionalism in the form of anxiety, with distressing obsession and both subjective and objective secondary reactions—a state whose clinical structure is well known.

Is it enough, in such a case, to diagnose lowering of psychological tension, by relating the group of symptoms to this ætiological factor? By means of an anamnesis and psycho-analysis, we shall considerably further the study of the problem set by this clinical case (which is by no means uncommon), and we shall try to glimpse at the solution.¹

Dupré and Trepsat give a list of their patient's physical symptoms, and then of the psychic symptoms she has exhibited since childhood. We are not here concerned with these details; it is enough to record that Jeanne was precociously scrupulous and hyper-emotional. Dupré and Trepsat continue:

We must now inquire why Jeanne, during the attack in question, was obsessed by the fear of striking and killing her mother. During six months in 1912 and three months in 1913 we sought in vain for some answer to this question. Cross-examination of the patient and of her family had brought us no satisfactory evidence of the reasons for the particular features of this obsession.

Meanwhile the patient's condition had improved, through the effect of isolation, hygiene, and a psychotherapy of the kindly-persuasive and re-educational variety. Her emotional state was much calmer, her will-power was stronger, and although certain obsessions persisted, Jeanne had been able once more to apply herself to a few manual occupations, to concentrate on reading, play the piano, and to appreciate the beauties of nature. Further, she was soon able to return to her family, and to control herself from constantly worrying her mother with confessions about her obsessive impulse to injure her, which nevertheless still persisted.

¹ Dupré and Trepsat, *Art. cit.*, *L'Encéphale*, February 1922 pp. 109-10.

In June, 1914, she had a relapse, and we decided to use the psycho-analytical method to help us solve our problem. We asked the patient for her dreams, and then investigated series of associations, according to Jung's method. One day Jeanne told us a very simple dream she had just dreamt: "I dreamt I was travelling in a train with two of my aunts. After some rather complicated preliminaries, one of them bent over me to kiss me. At the same instant her face changed, and I saw my mother's features approaching my cheek. I had an access of fear, and woke up in wild alarm."

Certain associations showed that Jeanne was bearing a grudge against her mother, and that she would never forgive her something she had done. After some hesitation, she told us the following story: On Easter Day, 1910, she was in church with her mother. She had been able to make her Communion that morning without too many scruples, and she felt happy and calm. In front of her was a young man whom she knew slightly, and she began to admire his good behaviour, his piety and recollection. At the same time she was attracted by his appearance. All at once she was seized with emotion, stopped praying, and could not take her eyes or her thoughts off her pious neighbour. Throughout the service, she felt her body glowing and her spirit bathed in ineffable joy. As she came out of the church she said to her mother: "You know, mother, if ever I marry, I shall only marry M. X." "You are a fool," her mother replied, "and I forbid you ever to give that young man a thought or to speak of him again."

Later Jeanne's mother had so completely forgotten this affair that she answered all our questions concerning her daughter's love life by asserting positively that her daughter had never indulged in any flirtations, or shown the least desire to marry. Jeanne was a well-brought-up girl, she told us, and would marry the man chosen for her. But really Jeanne had not been able to accept this harsh and final High Court decision without strong emotional reaction. She was scrupulous in her respect for her mother's wishes, and so had tried to blot out the young man's image from her mind. For some months there had been a fierce struggle; whenever the desire she had felt on Easter Day arose again, she rejected it with shame. Repression had withdrawn a large affective charge of high potential from circulation. This energy had undergone transference, displacement on to a different image, symbolic of the first.

Our psycho-analytical inquiry had won a speedy and complete success. Not only did we find ourselves in possession of the answer to the psychological problem of the nature of the obsession, but we had the satisfaction of curing it by a simple explanation to the patient. Our revelations seemed to her so many searchlights illuminating her past history and the mechanism of her trouble. Jeanne understood herself, and from that moment the obsession disappeared for ever.

Some time later her parents, who had been told of the details of treatment and of its happy outcome, thought it their duty to complete the cure by "introducing" M. X. to Jeanne. She married him, and now has two children.¹

Every psycho-analytical treatment [writes Freud] is an attempt to free repressed love which has found a miserable compromise-outlet in a symptom.²

This account of Dupré and Trepsat's patient illustrates, with diagrammatic simplicity, the difference between the theories of obsession maintained by Janet and Freud.

Jeanne was constitutionally hyper-emotional. Dupré and his pupil could not fail to lay great emphasis on the part played by the innate factors, nor would Freud challenge the point. We have quoted many passages in which Freud formally recognizes the part played by heredity in the ætiology of the neuroses. A purely psychogenic neurosis is, in his view, an extreme case. All that he asks is that the causal role played by acquired psychic factors in the genesis of obsessional states be accorded due recognition. Janet also admits the causal role of psychic events in psychasthenia and in the obsessive states, but he thinks that such psychic events are conscious. The case we have just quoted shows that certain obsessions may be conditioned, if not actually by unconscious psychic events, at least by unconscious relations between conscious psychic events. Dupré and Trepsat write:

It must be conceded that the repression and forgetting of the affective complex were not complete in this case, since the interpretation of a single dream and a short chain of associations were enough to resolve the ætiological problem of the obsession.³

As far as one can give an opinion on a case which one has not treated oneself, I am inclined to think that the patient had *never* forgotten the Easter Day incident. I believe that the girl was only unconscious of the causal link between her mother's refusal and the homicidal obsession. In any case, whether the unconsciousness was of cause or only of relation, the important point to notice is that there was an unconscious factor in the ætiology of this obsession. This unconscious factor resisted all attempts at direct investigation. Two inquiries, during six months in 1912 and three months in 1913, in the course of which the patient's family was interrogated as well as herself, yielded absolutely no result, whereas the interpretation of a single dream was enough to lay bare the mystery of the obses-

¹ Dupré and Trepsat, *Art. cit.*, *L'Encéphale*, February 1922, pp. 111-113.

² G., p. 211.

³ Dupré and Trepsat, *Art. cit.*, *L'Encéphale*, February 1922, p. 113.

sion. "The application of the psycho-analytical method," comment Dupré and Trepsat, "was in this case more fruitful than the closest and most painstaking cross-examination of both patient and family."¹ Adopting the point of view of unconsciousness of relations, we can easily explain the failure of these cross-examinations. Direct investigation may, in certain cases, succeed in bringing to light more or less forgotten memories, because they have once been conscious. But it is clear that it has no hold whatever on relations which have never been conscious. In cases of this kind, the failure of all other methods except psycho-analysis is not only a fact, but an inevitable fact.

Another interesting point in this case is its confirmation of Freud's cherished theory of the priority of the wish. At first sight, the girl's fear of killing her beloved mother seems absurd. One might think that this fear is primitive, that it is not a reaction against a true hate impulse. Analysis proves the contrary. At the conscious level, the girl loves her mother. But in the deep strata of her being she hates her, and this hate is nourished by the thwarted sexual instinct. Beneath the obsessive phobia of the murder impulse there is a real murder impulse, and beneath the murder impulse (as always, Freud would say) there lies desire.

Finally we may point to the rapidity and finality of the results of therapy. Only the obsession, of course, is involved here, for the constitutional disposition cannot be changed. Since Jeanne, according to Dupré and Trepsat, is "constitutionally emotional, super-sensitive and subject to scruples, she will probably always be liable to different kinds of emotional attack. But she no longer has the obsession of killing her mother, of which she has been cured by the interpretation of a dream, just as bouts of malaria are cured by quinine."² The result cannot, apparently, be attributed to suggestion, for the previous attempts at psychotherapy only succeeded in making the obsession more bearable. The case therefore seems to be one of the cures effected by "extension of the field governed by conscious control." It is clearly impossible to say whether the cure would have been complete if Jeanne had not married M. X.

We have in turn contrasted the psycho-analytical theory of obsession with the intellectual, emotional and psychasthenic theories, and must now make the same comparison with the aboulie theory, of which Arnaud is the chief supporter. It asserts that obsession is primarily a disorder of the will, and that its characteristic symptom is aboulia.³

¹ Dupré and Trepsat, *Art. cit.*, *L'Encéphale*, February 1922, p. 113.

² *Ibid*

³ Cf. Hartenberg, *P. N. A.*, pp. 118-20.

Our discussion of the psychasthenic theory has left us very little to say about the aboulie theory. Like the former, it principally stresses a negative event, a deficiency. Psycho-analysts do not deny that this may sometimes be the case, but they believe that study of the patient at the conscious level is completely insufficient grounds upon which to base an assertion of the priority of deficiency. This objection is much the same as that which they raise against the psychasthenic theory. Moreover, as Hartenberg very rightly says: "Lack of will-power may explain why an obsession persists, but not why it came to exist."¹ The aboulie and the psychasthenic theories of obsession clash with the great principle formulated by Hughlings Jackson: a positive event can never have a negative cause. Aboulia and psychasthenia can only *release* positive tendencies, which may in their turn determine the obsession. We must not forget that the converse of Jackson's principle is false. A negative event may quite easily have positive causes. The whole of Freud's theory of psychasthenia is no more than a development of this proposition.

Comparison of the psycho-analytical theory of obsession with the intellectual, emotional, psychasthenic and aboulie theories, leads inevitably to the contrast of their therapeutic consequences. After our remarks on psycho-analytical treatment in the preceding chapter, the complete originality of the Freudian treatment of obsessions may easily be recognized. All other doctrines lead to methods of therapy which are alike symptomatic and synthetic.

Non-analytical methods of psycho-therapy are purely symptomatic, for they ignore the unconscious cause of the symptoms. They cannot therefore launch a direct attack against the ætiological factors of a psychic order, since they can only take account of their effects. That is to say, they cut the weeds down to the ground level without being able to destroy their roots. It would be too much to maintain that the non-analytical methods of therapy are valueless in the treatment of obsessions. A symptomatic therapy can give appreciable results, but it is never more than a second best. Causal therapy must always be the ideal. So far as obsessions are concerned, psycho-analysis is still the only known method of causal therapy. We might even add that the idea of relational unconsciousness seems to preclude the possibility of discovering any other.

Our remarks on the causal nature of the analytical method of therapy, as distinguished from all other methods, may easily be practically demonstrated. Dupré and Trepas's patient provides a particularly suitable instance. Jeanne's state was improved by "psychotherapy of the kindly-persuasive and re-educational order,"

¹ Hartenberg, P. N. A., p. 121.

so much so that she was able to resume her occupations and control herself. The obsession persisted, but it became bearable. Such a result is far from negligible, and it would be unjust to condemn non-analytical methods of psychotherapy root and branch. But it must be recognized that they are working in the dark, and fighting an invisible enemy. The improvements and cures which they may achieve are therefore very unstable. After some time Jeanne had a relapse, and it was then that, in despair, recourse was had to analysis, which revealed the psychogenesis of the obsession.

We stated that all non-analytical methods of psychotherapy were synthetic. This apparent tautologism deserves attention. All methods other than the Freudian aim simply at the artificial creation of a positive disposition intended to check the morbid symptom. This disposition is either automatic or voluntary, according as either suggestion or re-education is the means employed. Re-education is obviously an excellent practice which must not in any way be belittled, but it is moral rather than medical. "Psychagogy," as the Germans call it, is the extreme boundary of the physician's art; we may even say that it necessarily encroaches upon the field of the moralist and the educationalist. It must not be forgotten that the medical efficacy of a process usually varies inversely with its moral excellence. Somatic diseases are not countered by exhortations to virtue, but by medicine. Psychic disorders either proceed from voluntary causes, in which case they are moral faults with which the physician, even the psychologist, is not concerned, or else from necessary causes, in which case a therapeutic discipline for the cultivation of will-power is surely very inappropriate. Re-educative psychotherapy must lead to sermonizing. That is, medically speaking, quite the wrong line.¹

Suggestive psychotherapy is not liable to this criticism. The employment of automatisms clearly has a more deterministic complexion, and is therefore more strictly medical, than the appeal for moral effort. But it must be recognized that obsessive patients are very poor subjects for suggestion, whether hypnotic or in the waking state. No other argument is necessary to reinforce this.

The originality of the contribution of psycho-analysis is more clearly marked in obsessions than in any other psychoneurosis. Thus many psychiatrists who do not generally support Freud recognize his superior claims in this respect. As early as 1923, when psycho-analysis had hardly begun to be practised in France, so cautious a writer as Rogues de Fursac wrote:

¹ Pierre Janet has written some interesting and amusing pages on moralization in medicine. (Janet, P. H., pp. 98-137.)

Obsessions of all types (phobias, intellectual obsessions, or compulsions) are often (perhaps always) the result of a psychopathic process of which a greater or less part—sometimes the whole, apart from its final term—remains hidden in the unconscious. It is the function of psycho-analysis to discover this process and to show the patient its various phases.¹

After quoting one of his own cases, Rogues de Fursac concludes that psycho-analysis may be made to play a valuable part in the treatment of obsessions. But it is most interesting to observe what Rogues de Fursac has to suggest when analysis fails to solve the mystery of the genesis of the obsession.

The patient must then [he writes] use his own weapons against his complaint. All that the physician can do is to give him some general directions.

A guiding principle for the obsessional patient is that he must always struggle against his obsession.²

After developing this idea, Dr. de Fursac continues: "A second principle, which is really no more than a corollary of the first, is to try always to act as though the obsession did not exist."³ Continual resistance to the obsession, and efforts to act as though it did not exist, are clearly pieces of excellent advice, but they are drawn from the wisdom of the ages rather than from the physician's art. The conclusion which Rogues de Fursac has not drawn, but which clearly proceeds from his exposition, is that psycho-analysis is the only *medical* treatment for obsessions.

V. Psychogenic Epilepsy

Some of my readers will probably be shocked by the expression "psychogenic epilepsy." The idea of a psychic ætiology for epilepsy is very much out of favour just now. We shall try to show why psycho-analysts hold that the possibility of psychically determined epilepsy deserves discussion.

Freud's followers recall that the original concept of disease is purely symptomatic. It is an inescapable truth that human knowledge is always based on sensory data. Allendy quotes Professor Roger to show that "our starting-point must always be, as it has always been, what we can see, i.e. clinical manifestations, and we shall only be able to determine the cause of the disturbances we observe by deduction."⁴ The word "epilepsy" has been used since

¹ Rogues de Fursac, M. P., pp. 610-11.

² Rogues de Fursac, M. P., p. 613.

³ Rogues de Fursac, M. P., p. 612.

⁴ Quoted in Allendy, *Orientation des idées médicales*, p. 68.

classical times, and its meaning is clearly only symptomatic, for the physicians of those days did not know the cause of the falling sickness.

It is important to note that a symptomatic definition is neither true nor false; it might be called a simple concept and not a judgment. This is quite obvious in the case of a mono-symptomatic disturbance such as sexual impotence. The concept of sexual impotence is neither true nor false; it states a fact, and no more. But an ætiological statement implies a judgment which must necessarily be either true or false, and which needs proof. The idea of sexual impotence is the starting-point; the judgment of its cause is the end.

Where a complex of symptoms, or syndrome, is involved, rather than a single symptom, there is still no implication of truth or falsehood. The observation that the symptoms $S_1 S_2 S_3 S_4$ are often found in conjunction, is not an assertion that they are necessarily linked in any special way; it is not a presumption of causality, but only the observation of a complex event. The syndrome can no more give rise to difference of opinion than the single symptom.

The progress of medical knowledge reveals the pathogenesis and causality of morbid phenomena ever more clearly to inquirers. It is realized that not only is it a fact that the symptoms $S_1 S_2 S_3 S_4$ are frequently found in conjunction, but that that fact is based on a law, for they have a common cause C . At this point the conception of the illness will be radically altered; its whole definition will be changed. Whereas hitherto the term by which the illness was known signified the symptomatic series $S_1 S_2 S_3 S_4$, it will now signify this symptomatic series *plus* its cause C . By acquiring an assertion of causality, the former symptomatic or syndromic definition becomes an ætiological definition. In order to make the difference clear, terminological usage reserves the word "disease" for a symptom-complex *plus* its cause, and the word "syndrome" for a symptom-complex *without* its cause.

It is clear from what we have said that a legitimate ætiological definition presupposes a constant reciprocal relation between the symptom-complex and its cause. Whenever the symptoms $S_1 S_2 S_3 S_4$ are present, C must be their cause, and activity by C must always produce the symptoms $S_1 S_2 S_3 S_4$. As Sigerist very rightly says, this point of view is an ontological conception of disease. It was unknown to antiquity, and only made its appearance comparatively recently.

Hippocratic medicine [writes Sigerist] did not classify diseases

according to type; the conception of types only applied to men. It paid special attention to individual variations. It pointed out connected series of signs in the mass of symptoms, but avoided rigid definitions. It never regarded a single disease as an object in itself. By a slight exaggeration, we may say that it was aware of patients, but not of diseases.¹

A little later he adds:

The reason for this conception of illness lies, no doubt, primarily in insufficient knowledge of its mechanism. As long as attention was only given to symptoms, with no direct knowledge of the phenomena occasioning them, which were simply the objects of speculation, it was impossible to arrive at a clear idea of disease, or to distinguish between the various diseases.²

In order to estimate the difference between the symptomatic classifications of the ancient world and modern ætiological classifications (arising principally under the influence of bacteriology) we may quote a significant passage from Duclaux's excellent book on Pasteur:

The laboratory was not a hospital, and few patients were seen there. The illnesses of members of the staff had to serve the purpose. It happened that just then I was suffering from an attack of boils. I showed one to Pasteur, who at once lanced it—or rather, had it lanced, for he disliked operating himself—and took a drop of blood, from which he made a successful culture. A second boil led to the same result, and so to the discovery of the staphylococcus, which has since become so well known. He found the same germ, in cluster formation, in the pus of an osteomyelitis infection brought to him by M. Lannelongue, and in consequence he boldly declared that osteomyelitis and boils were different forms of the same disease, and that osteomyelitis (suppuration of the marrow) was “bone-furunculosis.” He thus committed the heinous sin of comparing a serious disease, situated in the inmost tissues, with a superficial disease, usually of no great importance, and of confusing internal and external pathology! I imagine that when he propounded this opinion before the Academy of Medicine, the physicians and surgeons present must have stared at him over their glasses with surprise and dismay. Yet he was right, and his assertion, so bold at the time it was made, represented the first victory of the laboratory over the clinic.³

Here we may grasp the complete difference between the systems of Hippocrates and Pasteur. The latter enjoyed a most spectacular

¹ Sigerist, *Introduction à la médecine*, p. 126.

² Sigerist, *op. cit.*, pp. 126–7.

³ Duclaux, *Pasteur, Histoire d'un Esprit*, pp. 334–5.

triumph, but has now entered upon a period of revision. Authoritative protests have been raised against the predominance of the laboratory over the clinic.

The physician of to-day [writes Castiglioni] tired of bacteriological research and of technical experiments, is himself aware of the necessity of returning to the patient's bedside, which he ought never entirely to have left. The conceptions which have dominated the medical world for the last twenty or thirty years, and which have sometimes caused the importance of clinical facts to be forgotten in their exclusive reliance upon bacteriological principles, have given rise to hopes which were at once too great and too fallacious.¹

As against external factors, especially microbic agents, the importance of the internal factors and of the individual field has been stressed. Each organism has its own particular reaction to the invasion of pathogenic agents. The disease cannot be considered purely and simply as an effect of exogenous causes. It is the result of interaction between the organism and its environment. In philosophical language, we should say that its concept implies an essential duality. The constant reciprocal relation between the exogenous morbid agent and the symptoms is seen to be an abstract simplification rather than a reality.

The revision of ætiological conceptions, and the revaluation of the importance of the soil necessarily entail a return to the syndromic point of view. Thus it is that during the last few years we have seen many "diseases" relegated to the status of syndromes. As an example of a critique of this kind we may quote Professor Lian's lately-published work, *Angina Pectoris*. Orthodox medicine recognized, besides true angina pectoris, a number of types of false angina pectoris, especially the neurotic variety. Dr. Lian opposes this point of view, relying on the fact that neurotic anguish has the same symptomatology as cardio-vascular anguish; he refuses to make any distinction between true and false types of angina, declaring that it must be considered as a syndrome capable of being produced by a number of causes.

Many verbal controversies may be avoided by frank recourse to the syndromic level. If a symptom-complex can be produced by either of two causes, there is nothing to be gained by suggesting that the disease is true in one case and false in the other.

These considerations explain why the academic distinction between essential epilepsy and symptomatic epilepsy is no longer maintained to-day.

¹ Castiglioni, *Histoire de la médecine*, p. 739.

We cannot now [writes Professor Abadie] have recourse to the old division between essential and symptomatic epilepsy. This distinction has had its day. To-day no one recognizes the existence of the essential epilepsy, the real nature of, and the sole cause for which have been so long and so eagerly sought. There are only a number of symptomatic epilepsies, whose origins are many and various, but whose clinical expression is identified in a symptom-complex which remains the same in its usual form and in its varieties, viz. the epileptic syndrome.¹

Now that epilepsy is simply regarded as a syndrome resulting from many and various causes, we have surely the right to inquire whether some of these causes are of a psychic order. We have already said that at present little or no disposition towards this view is to be found; none the less, certain writers have again begun to speak of psychogenic epilepsy. In a recent article, Dr. Nathan has stepped forward as their spokesman.² He advances two arguments: in the first place, in many mild cases it is impossible to differentiate between hysteria and epilepsy in diagnosis; in the second place, Baruk and de Jong found by experiment that they could, by means of graduated doses of bulbocapnine, "reproduce the entire series of states from simple obtusion to hysterical attack, from catalepsy to epilepsy."³ Consequently Nathan holds that the psycho-analytical conception of the existence of psychogenic epilepsy should not be summarily rejected.

At the International Neurological Congress of 1932, the question of psychic causes of epilepsy was hardly raised at all. But in the discussions certain phrases were used which show that the idea of psychogenic epilepsy is not quite dead and buried. After drawing a distinction between the convulsive diathesis on the one hand, and the circumstances and agents which provoke attack on the other hand, Professor Jean Lépine writes thus:

Without renewing the old confusion with hysteria, and without going so far as to admit that epilepsy is curable by analysis, I am led to the opinion that in recent years the influence of the emotions has been underestimated; it is to be found as an accessory factor in many cases, and as the principal factor in some. These "Borderlands of Epilepsy," in the study of which some of us have followed Gower and others, are certainly epilepsy, though of a special type.⁴

¹ Abadie, "Conceptions étiologiques modernes sur les épilepsies," in *Revue neurologique*, June 1932, pp. 1048-59.

² Nathan, "L'épilepsie de cause psychique existe-t-elle?" in *La Presse Médicale*, September 19, 1931, pp. 1381-82.

³ Nathan, *Art. cit.*, p. 1382. ⁴ *Revue Neurologique*, June 1932, p. 1262.

Professor Claude has expressed a similar view:

Many factors may be called upon to explain epileptic disposition as well as epileptic manifestation, for in certain circumstances, and in the case of people thus predisposed, an epileptic attack may even be provoked by emotion.¹

Psycho-analysts would no doubt subscribe to this latter formula. The point of view they maintain is that there are attacks which are truly epileptic from the symptomatological aspect, in the causation of which a psychic factor plays a necessary but not the sole part. They justify their position by the publication of cases in which the suppression of the psychic factor leads to the disappearance of the attacks. The following is a summary of a case of this kind.²

The patient was an unmarried female clerk, aged thirty-three, who had had to give up work owing to frequent attacks. General convulsions had appeared at the age of sixteen. None the less, she had had to take a job at the age of nineteen, and had become a very capable secretary, but incidents caused by her frequent convulsive attacks had led to her dismissal, at the age of twenty-four, from the first office in which she had worked. She was not discouraged, and found another post. For years she kept up a courageous fight, but at last frequent typical epileptic seizures, in which she injured herself and bit her tongue, followed by headaches and clouding of consciousness,³ brought her to such a state that she had to give up her work.

Analysis showed that she had exhibited anxiety symptoms since the age of seven; at thirteen, *petit mal* had appeared, and was followed at sixteen by *grand mal*.⁴

At the beginning of his investigation, the psycho-analyst discovered that his patient experienced a continual feeling of shame, which she resisted to the best of her ability. Reede directed his attack on this point, and tried to persuade his patient (to whom he refers as A.) to abandon her resistance. She was to face up to the feeling of shame, no longer try to avoid it, and allow it free expression in consciousness. In handling this case the chief therapeutic lever was the idea "of extending the field of conscious control" (White).⁵

Her conscious memories hardly went back beyond the age of sixteen, and seemed quite indifferent. An inquiry into the possibility of traumatic events in childhood yielded no results.

¹ *Revue Neurologique*, June 1932, p. 1267.

² Edward H. Reede, "Conversion Epilepsy," in *The Psychoanalytic Review* January 1922, pp. 50-60.

³ Reede, *Art. cit.*, p. 51.

⁴ Reede, *Art. cit.*, p. 51.

⁵ Reede, *Art. cit.*, p. 52.

One day the presence of a laurel branch, which happened to be standing in a vase on the psycho-analyst's table, aroused in the patient a violent emotional attack with epigastric sensation, confused thought and fear of losing consciousness. Later the word "laurel" was found to be capable of initiating a grand mal.¹

Abiding by the principles of his technique, the physician tried to familiarize his patient little by little with the ideas which she shunned. She followed his advice, and during a nocturnal attack she contrived to pronounce the word "laurel." A memory of an event which took place when she was seven at once came to her mind.²

She was playing among some laurel bushes with a boy of thirteen and a little girl who lived nearby. The game ended in a heterosexual incident between her and the boy, which induced in her feelings of pleasure and of power. Young B. became for her a symbol-type of sexual temptation which was to play a most important part in her later disorder.

The little girl neighbour told her mother, who informed A's parents. There was a terrible scene. A's mother told her that she had dishonoured the family, and her father punished her severely.³

From that day, the girl's character was radically changed; having before been exuberant, she now became timid and prudish. The pleasurable sensations experienced with young B hastened the development of the sexual instinct, which began to manifest itself in dreams. But the punishment and reproof had in their turn given rise to intense feelings of shame and disgrace. The dreams ended in anxiety-feeling. Little by little she began to experience night terrors, of whose cause she was unaware. She used to run to her mother in the middle of the night, but was roughly sent back.

As she grew up, the sexual dreams were manifested in an increasingly clear form. Her mother did all she could to keep her in ignorance. At the age of sixteen the girl had a dream in which the sexual part was played by a neighbour. She asked her mother if conception could take place through dreams. Her mother was horrified at such a question, and scolded her violently, so that the poor child became terribly depressed.⁴

A second trauma was discovered by the analysis of a phobia of mad dogs from which she had suffered since the age of ten. This phobia had made its appearance after a homosexual incident in which she had taken part at that age, on the invitation of an older girl. Her mother had found it out, and had told her daughter that she was worse than a dog. The following night her father had come

¹ Reede, Art. cit., p. 53.

³ Reede, Art. cit., p. 54.

² Reede, Art. cit., p. 53.

⁴ Reede, Art. cit., p. 54.

into the room while she was asleep, and had begun to beat her with his razor-strop as she lay asleep. The girl became nearly mad with terror. The images of her father in a rage and of a dog were in a manner confused, and a phobia of mad dogs appeared. At the age of ten, she dared not go to school alone. Older girls became ambivalent symbols of sexuality and of shame. The unhappy child dared no longer make any friends. Gradually her fear of her father was extended to all symbols of authority.¹

A third trauma was brought to light by study of the image of a cat which used to appear in the aura of the generalized attacks. The event took place at the age of eleven. The girl had been much upset by the traumata experienced at the age of seven and nine, and had become timid and scrupulous, given to religiosity. She was given the duty of bathing her little sister, and on one occasion while doing this she felt a strong impulse to caress her in a manner which she regarded as improper. She managed to overcome her desire and was ashamed of herself. The next night she had a dream in which her sister's part in the incident was taken by her pet cat. She woke up in terror, and a phobia of cats developed.²

A fourth trauma occurred at the age of twelve. The children were sitting by the fire playing at repeating new or rare words. Little A. had heard a word used at school whose meaning she did not know, and she ingenuously repeated it. It happened that it was a slang term for hermaphrodites. Her mother, who was present, was terribly shocked, and sent her to bed as a punishment. From that time, A. began to show speech disorders.

At about the same time as she began to menstruate, A. had learnt the exact meaning of the word "hermaphrodite." Since her mother had been embarrassed and secretive about her daughter's first menstruation, she supposed she must be a hermaphrodite, and menstruation was interrupted for six months.³

She had not been instructed that menstruation would recur, and was alarmed at its return; it was then that she had her first attack of petit mal. When asked at school to repeat her lesson, she hesitated, and her mouth became distorted. At the time she was thirteen years old.

Six months later, as she was sitting at table with her parents, she had a spasm in the arm, and broke some plates. The doctor was called; she was taken away from school, and began to lead the life of a patient isolated for infection.⁴

Until the age of sixteen, the spasms she experienced were localized

¹ Reede, *Art. cit.*, p. 55.

³ Reede, *Art. cit.*, p. 56.

² Reede, *Art. cit.*, pp. 55-6

⁴ Reede, *Art. cit.*, p. 56.

in the face, the arms or the legs; she had no general convulsions or fainting fits.

When she was sixteen, her doctor attributed her dysmenorrhea and her increasing nervousness to a uterine disorder, and she was taken to hospital to undergo dilatation of the neck of the uterus. The gynæcological investigation took place without anæsthetic, and occasioned general convulsion with loss of consciousness.¹

From that moment, any emotional shock produced the same result. As we have said, she struggled against her unhappy fate from the age of sixteen to thirty-three. The memory of the sexual traumata of her childhood had been buried by repression. The feelings of shame had persisted, but had undergone displacement: shame of her guilty action had been replaced by shame of her disease. Her whole character bore the imprint of the strictest puritanism.

Reede explains that his whole treatment was based upon extension of the field of conscious control. This principle, formulated by White, is very much in favour among American psycho-analysts, and is an accurate expression of the essence of the Freudian therapeutic method. Reede first of all accustomed his patient to bearing her feelings of shame, and to accepting the reality of the situation. By this means he succeeded, as we have seen, in recalling the memory of the traumata of childhood to the field of consciousness. Having accomplished this, he made her connect all her present fears to these infantile alarms: thus her fear of her office chief was related to her fear of her father. Thus the patient became aware of the anachronistic character of her emotional reactions. It was not long before she managed to establish complete control over them. Then Reede began to extend this conscious control to the future. The patient gradually began to be able to foretell that she would react in a certain way to certain people owing to an associative resemblance, and consequently prepared herself to face the situation. Once she had to run away, so as to avoid fainting at a symbol of authority.²

When the convulsions had ceased and been replaced by calm, it became clear that her whole character needed re-education. The patient was truly asocial. Her whole behaviour was governed by irrational prejudices, due to the absurd education she had received. At the time of treatment, she was living with her sister and brother-in-law, and unconsciously framing her ideas to match theirs. Analysis revealed to her the childishness of this, and she decided of her own accord to live independently.

When Reede published his article, his patient had had no con-

¹ Reede, *Art. cit.*, p. 57.

² Reede, *Art. cit.*, p. 58.

vulsions for two years,¹ and had been promoted in her work. She was left with nothing but regret for so many wasted years.

This case is a clear illustration of what psycho-analysts call psychogenic epilepsy. Whether Reede's patient be classed as epileptic or not, will depend upon the symptomatic definition of epilepsy maintained by individual readers. The fact remains that convulsive phenomena with loss of consciousness, which had taken place over a period of more than fifteen years, were abolished by psycho-analysis in six months.²

¹ Reede, *Art. cit.*, p. 50.

² Reede, *Art. cit.*, p. 50.

CHAPTER VI

THE PSYCHOSES

The conditions in which Freud worked rarely brought him in contact with asylum patients, yet psycho-analysis has had a considerable influence on modern conceptions of the psychoses. Certain of Freud's publications (especially his well-known study of Schreber's paranoia) have contributed to this extension of psycho-analytical theory, but as we have already pointed out, the Zurich psychiatrists Bleuler and Jung have taken the lead in this field.

It is not our intention to give an independent survey of Bleuler's vast work. Dr. Minkowski has given us a masterly exposition of it in a series of articles completed by his excellent book entitled *La schizophrénie*. We have already said that in the works which they have published since their rupture with Freud, Bleuler and Jung have always recalled their debt to him with a loyalty which does them credit. But from the very fact that their ways have lain apart, Bleuler's disciples have inevitably stressed the divergencies between their master's views and Freud's.¹ Our aim in this work naturally leads us to approach the question from the opposite angle, and to draw special attention to the influence which Freud has had upon the genesis of Bleuler's theories.

Freud's influence upon the evolution of thought with regard to insanity has not been confined to the field of dementia præcox, which Bleuler calls schizophrenia. The neighbouring field of the systematized hallucinatory psychoses has also been explored by the Freudians. But, at any rate in France, they have encountered vigorous opposition. Mental automatism (which Dr. de Clérambault regards as the basis of systematized hallucinatory disorders) has become the battle-ground of the organicists and the psychogeneticists. The latter are not all Freud's disciples—far from it—but they all appeal to psycho-analytical data.

Reference psychoses have also been studied, not only by orthodox Freudians, but by eclectics such as Kretschmer, whose ideas on sensitive paranoia are beginning to obtain a hearing in France.

Attempts have even been made to trace the possible existence of

¹ Minkowski, S., pp. 3-4, 143-4, 174, 246-7, 261-2.

psychic causes in the manic-depressive states, in spite of their apparently physiological periodicity.

We shall therefore divide this chapter into four sections: (i) from dementia præcox to schizophrenia; (ii) mental automatism; (iii) paranoia; (iv) the manic-depressive psychosis.

I. From Dementia Præcox to Schizophrenia

Morel scarcely outlines the concept of dementia præcox, which grows to its full stature in Kraepelin's work. According to Morel, this condition exhibits three characteristics: it attacks patients in early life; it evolves rapidly; and it ends in real dementia.¹

Kraepelin radically transformed the concept of dementia præcox, ranging under this head disorders of which accounts had already been given elsewhere, such as Hecker's hebephrenia, Kahlbaum's catatonia, dementia paranoides, etc. In his analysis of the bases of Kraepelin's theory, Minkowski indicates three principles of classification: "(i) similarity and specificity of the terminal states; (ii) interchangeability of symptoms; (iii) the idea of similar heredity."²

Kraepelin had observed that the disorders variously described as catatonia, hebephrenia, and dementia paranoides, terminated identically; hence he deduced that they were simply varieties of the same disease. Moreover, this common terminal state was different from that of such disorders as general paralysis or epilepsy. Clearly it is this latter concept that gives us the key to the problem: what are the special characteristics of the particular dementia which we call dementia præcox? We shall soon return to this essential point.

Not only do hebephrenic, catatonic and paranoid symptoms end in the same terminal state, but they are also interchangeable. They are to be found either simultaneously or successively in the same patient, and this with a constancy that precludes the idea of the chance co-existence of several independent disorders in the same person.

Lastly, in families in which an hereditary mental defect is transmitted, it seems to appear indifferently in a hebephrenic, catatonic or paranoid form. Here again the hypothesis that several independent disorders are present simultaneously seems very improbable; we may prefer to suggest the existence of a basically single psychosis of polymorphous symptomatology.³

It is clear that specificity of the terminal demential state is the coping-stone of Kraepelin's structure. But Kraepelin himself is

¹ Minkowski, "La genèse de la notion de schizophrénie," in *L'évolution psychiatrique*, old series, vol. i, p. 195.

² Minkowski, *Art. cit.*, p. 196.

³ Minkowski, *Art. cit.*, pp. 197-8.

rather vague on this extremely important point. The concept of dementia, in the strict sense, implies the final disintegration of memory and judgment. Kraepelin, however, indicates certain cases, which by their symptomatology one would incline to classify as dementia præcox, in which improvement or even cure has been attained. Thus the idea that dementia præcox is not a true dementia begins to take shape in Kraepelin's theory.

What is then the nature of the pseudo-dementia or quasi-dementia known as præcox? Kraepelin hovers when a definition is required of him. The condition, in his view, is characterized by two groups of disorders: weakening of affectivity and loss of endopsychic co-ordination.¹

Workers in other countries were to clear the ground where Kraepelin had no more than blazed a trail. In France we have the works of Toulouse and Mignard, which were to lead to the concept of auto-conduction; of Régis, who regards many cases of dementia præcox as originating from chronic mental confusion; of Chaslin, who works out the concept of discordant insanity; of Claude and Lévy-Valensi, on dissociation. We may say that about 1910 the idea of schizophrenia was "in the air."

In 1911 Bleuler's important work appeared. Minkowski, who has done more than anyone else to propagate Bleuler's theories in France, distinguishes two aspects in his master's work—the psycho-clinical and the psycho-analytical.

Approached from the psycho-clinical angle, Bleuler's work is a continuation of Kraepelin's. The problem is still that of exactly defining the quasi-dementia known as præcox. Bleuler substitutes the term "schizophrenia" for that of "dementia præcox." The new word clearly indicates the direction in which his thought tended. He strongly stresses the absence of destructive disorders in schizophrenics; considered separately, their psychic faculties seem intact. The morbid process does not attack the functions themselves, but the harmony of the functions.² Bleuler regards three essential disorders as characteristic of schizophrenia: thought can act according to the laws of formal logic, but it is detached from reality and loses all pragmatic value; affectivity seems to be severed not only from the outside world but from the imagery of the patient, with whom no "affective rapport" can be established; the schizophrenic's behaviour is essentially ambivalent, he makes assertions and denials in the same breath, loves and hates the same person at the same moment, pursues and rejects his purposes simultaneously.³

¹ Minkowski, Art. cit., p. 203.

³ Minkowski, Art. cit., pp. 224-5.

² Minkowski, Art. cit., p. 223.

We are principally interested in the psycho-analytical aspect of Bleuler's work, which appears as soon as the concept of ambivalence is introduced. This concept, indeed, is meaningless except in a psycho-dynamic system. Simultaneous assertion and denial in thought is not only objectively absurd, but subjectively impossible to achieve. What then is the meaning of the concept of ambivalence? It is related to the idea of conflict between two positive forces working in opposite directions. This is by no means impossible. Whereas a static intellectualism, such as that which proceeds from Cartesian doctrine, finds itself forced into an *a priori* denial of the existence of ambivalent psychic states, a dynamic psychology is bound to recognize them. With the concept of ambivalence psycho-analysis has already begun its invasion of clinical psychiatry.

Approached from the psycho-analytical angle, Bleuler's work is traced by Minkowski to the development of the two concepts of the content of the psychosis and of autism.

The concept of the content of the psychosis is simply an application to mental disorders of Freud's views on the "meaning" of neurotic symptoms and of dreams. Whereas certain French psychiatrists have compared dreams with certain forms of insanity from the purely semeiological point of view (by an elaboration, for example, of the concept of twilight states), Bleuler and Jung have extended the Freudian method of dream-interpretation to the psychoses, though not without modifying it in certain particulars. In the preceding chapters we have stated at some length how Freud regards failed acts, dreams and neurotic symptoms as expressions of the deeply-seated affective life. The extension of this point of view to the morbid symptoms exhibited by the insane was inevitable. As Minkowski very rightly points out, the idea of the content of the psychosis is not associated with any specific mental disorder, and does not in itself imply any diagnosis.

The question here is primarily that of *general psychopathology*. But the fact that its greatest triumphs have been won in the field of schizophrenia, is simply due to the further fact that in schizophrenia we find external exhibitions of symptoms of insanity at their most "incoherent" and incomprehensible.

In earlier days, not the smallest chink was to be found through which our curiosity might catch a glimpse of the life concealed behind the jumble of words, the stereotypies, the mutism, and the disorderly hyperkinesis so often found in schizophrenics. This wilderness suddenly blossomed like the rose, thanks to the researches which Bleuler and Jung undertook under the influence of Freud's works.¹

¹ Minkowski, S., p. 142.

In order to characterize the thought of schizophrenics, Bleuler introduced the concept of *autism*. Jung distinguishes between thought directed towards the external world (*extroversion* or *extraversion*) and thought directed towards the interior world (*introversion* or *intra-version*). The concepts of autism and introversion are practically identical, but time has shown that the terms themselves were ill-chosen. The introspective psychologist, who diverts his attention from the exterior world in order to observe the working of his own psyche, would appear to be the typical instance of the introvert or the autist. Is he to be labelled "dementia præcox"? Were Newton and Archimedes, so absorbed in their mathematical researches as to be oblivious of all else, really schizophrenics? This confusion, the inevitable result of which must be to make psychiatry ridiculous, must often be laid at the door of these terms—"autism" and "introversion." Schizophrenic thought is detached from reality, *whether that reality be exterior or interior*. It is better therefore to substitute the term *dereistic* thought for the term autistic thought.¹ Minkowski explains Bleuler's terminological alteration by the misuse of the concept of dream-state in the study of schizophrenics. He lays special emphasis on the existence of schizophrenics who think of nothing, these being the true schizophrenics. Dreaming is still something positive, and represents the remnants of the normal or the quasi-normal in the patient, but the disorder, as such, must be characterized by its negative and deficient qualities.² These considerations are very interesting, and for the moment it is not our business to criticize them; but we believe that the clumsy confusion sometimes made between the alogical dreaming of the schizophrenic and the interiorized but creative thought of the scientist or the artist, called for a change in terminology which would utterly preclude it in future.

At the end of our chapter on dreams, we have already had occasion to mention *dereistic* thought. In order to distinguish it more clearly from normal or realistic thought, we said that the psychism could descend from the cognitive level to the purely expressive level. This means of stating the question cuts short all the absurd misunderstandings we have just mentioned. But the formulæ we have used are our own, although the theory they interpret is, we believe, genuinely Freudian. Bleuler's concept of *dereistic* thought is clearly of Freudian origin; it is directly descended from the *Traumdeutung*. Minkowski fully explains how the psycho-analysis of dreams led to that of insanity.

¹ Minkowski, S., p. 150.

² Minkowski, S., pp. 169-74.

The analogy between dreams and madness has once more proved fruitful. But nowadays the comparison between certain forms of insanity and dreams is made from a new point of view. The two are no longer considered simply as "anarchy" or "vagabondage" of thought; primary importance is now attributed to the fact that in both cases we have to deal with phenomena which do not aim at expression in reality; they are diverted from it; they have no (sometimes even a negative) practical bearing; they seek no real aim, or are even at variance with the elementary needs of life; they are not addressed to any human being. Thought is thus cleared of the need to be objective and comprehensible; it may freely make use of special signs and methods; it will turn willingly to the symbol, express itself "in shorthand," and use many other liberties to construct the strange pictures, the apparently absurd gestures, and the incoherent phrases of which dreams as well as the exterior manifestations of certain lunatics are composed. This mysterious language, of whose meaning we are at first altogether ignorant, is the language of *autistic thought*. This form of thought is distinct from the ordinary, realistic form which is always governed by the demands of reality and seeks to attain the maximum pragmatic value. We are just beginning to understand this autistic thought, to know its methods, and to translate it into the language of realism. We are beginning to decipher the manifestations of insanity as we interpreted hieroglyphics.¹

How is this translation achieved? We have already said that Bleuler and Jung had to make certain modifications in the Freudian method of analysis of dreams in order to apply it to the morbid manifestations of the insane. The fact is that it is very often impossible to apply the method of free association, the central pivot of Freud's technique, to asylum patients. It is necessary to have recourse to the symbolic method, which we carefully distinguished from the associative method. Let us once more recall (since confusion on this subject is so general in France) that the list of Freudian symbols is not a fixed, *ne varietur* key to dreams. The list simply indicates a number of *possible* symbols. In order to be sure of their reality, it is indispensable to rely on the thematism of facts and circumstances. It is this thematism *alone* that proves the correctness of a symbolic interpretation.

If the symbols commonly appearing in dreams are known [writes Freud] and also the personality of the dreamer, the conditions under which he lives, and the impressions in his mind after which the dream occurred, we are often in a position to interpret it straightaway, to translate it at sight, as it were.²

¹ Minkowski, "La genèse de la notion de schizophrénie," in *L'évolution psychiatrique*, old series, vol. i, pp. 231-2.

² I. L., p. 127.

This quotation clearly shows that a certain amount of exact information about the facts and circumstances relating to the dream is absolutely necessary, even for symbolic interpretation. Bleuler and Jung have extended this process to their patients' various manifestations. Psycho-analytical investigation of the psychoses is clearly differentiated from that of the neuroses by the preponderance of the extra-associative over the associative thematism.

The associative method is self-sufficient. It was by its aid that Freud began to interpret dreams, and it was not till later that he added the symbolic method.¹ His knowledge of the fundamental mechanisms of dreams (condensation, displacement, dramatization and secondary elaboration) was obtained inductively from a large-scale use of the associative method.²

We can now understand why the interpretation of schizophrenic contents could only be reached by way of dreams. Directly to tackle the problem of the meaning of insanity was the counsel of despair. To make this attempt with any serious chance of success, not only was it necessary to possess a list of the symbols most frequently used by dereistic thought, but it was still more essential to be already acquainted with the fundamental mechanisms governing the transformation of cognitive thought into purely expressive thought, of "realism" to "autism." Language has grammar as well as vocabulary. Knowledge of symbols gives no more than a part—and that a still unstable part—of the vocabulary of the "dereistic language." Familiarity with the dream-mechanisms gives the key to its grammar.

These considerations explain why the interpretation of delusions did not follow as a result of Janet's investigations. This great French psychologist had interpreted certain delusional contents long before Bleuler and Jung. The case of the patient whom he calls Achille is a magnificent example.³ Achille was suffering from a delusion of possession, the origin of which Janet contrived to trace, and thus effected the patient's cure, *by means of hypnotic investigation*. Once more we find the question of method underlying the divergence between Janet and Freud. As a general rule, hypnosis is not successful in the case of the insane. Janet, who used only this process and its variants to investigate the unconscious, was necessarily brought to a standstill by the question of delusion in general, although in certain specific instances, with a masterly skill to which we cannot but pay tribute, he succeeded in resolving it.

If Bleuler had not been in possession of the results of psychoanalysis, he would not have resolved the *psychological* problem of

¹ H. P. M., p. 302.

² I. L., p. 154.

³ Janet, N. I. F., vol. i, pp. 375-406.

schizophrenia, nor contrived to interpret dereistic language. He would, no doubt, have recognized that dementia præcox is often no more than a pseudo-dementia, and he would have worked out the concept of discordance, but in all probability he would have gone no further. In order to understand insanity, we must begin by understanding dreams.¹

We shall now give a few examples of interpretation of psychotic contents:

One of Jung's first cases [writes Minkowski] remains graven on my memory. The patient was a "demented" old lady who had been in an asylum for many years. She had outlasted the director, the assistants, and all the nurses. Nothing was known about her. She had no visitors. She herself could give no information about her past. Her only exterior manifestation was a continuous stereotyped hand-rubbing, so that the skin of the palms of her hands had become as thick and hard as leather. Everyone had always known her thus, and had grown accustomed to seeing her in her usual place, making her stereotyped gesture like an automaton. But the nurse who had been longest in the asylum said that she remembered a time when the patient's movements had been less restricted, and looked very like those of a cobbler at work. At that time the nurses used to call her "the shoemender." One day the patient died, and an old cousin came to attend the funeral. Jung asked him if he could remember how his cousin had fallen ill. The old man racked his memory, and then said "Ah, yes; I remember. Her illness started after a personal sorrow; she had a lover who left her." "Who was the lover?" "He was a cobbler."

We cannot, of course [continues Minkowski] accept the naive view of Jung's informant, who regarded the disappointment in love as the immediate efficient cause of the disorder. But that need not prevent us from saying that the patient's pathetic gesture now has a *meaning*; that this last vestige of activity was related to an event of her past life heavily charged with affectivity; that that past survived, in spite of the passage of years and in spite of the progressive disintegration of her personality, and served as fuel for the tiny flame of memory that still flickered within her.²

This interpretation rests entirely upon the thematism of facts and circumstances, and the list of typical symbols plays no part in it.

Let us now pass on to the interpretation of more complicated manifestations.³

¹ I. D., p. 524.

² Minkowski, S., pp. 137-8.

³ Minkowski, "Recherches sur le rôle des complexes dans les manifestations morbides des aliénés," in *L'Encéphale*, seventeenth year, No. 4, April 1922, pp. 219-28; No. 5, May 1922, pp. 275-81.

Marie L. was sent to the asylum at Burgholzi, near Zurich, on 8 August 1914. On the day before, she had been walking beside the lake with a girl of eight and her mother, when she had suddenly thrown the girl into the water and plunged in after her. Both were rescued, and Marie L. was taken to hospital in a state of great excitement, tearing her watch-chain to pieces. Owing to her condition, she was transferred to the asylum.¹

It was learnt from various sources that Marie L.'s father had at one time been certified for chronic mania; that in 1920 Marie herself had had a fit of such violent excitement that she had had to be sent to a mental hospital for six months. Some hours before the scene beside the lake, she had said to a cousin: "I am the Empress of Russia, and you must come with me to Poland to save my country."

For the first two months of her confinement in the asylum, Marie L. was in a very agitated state.

She attacked the nurses and tried to take their keys from them; once she sprang madly towards a table on which she saw a basin of black coffee, in order to upset it; she used to tear her clothes and strip herself naked. When in the strait-jacket, she used to pray, monotonously reciting "Our Father," etc. She stared hard at the sun while she prayed, and did not seem to mind the rays striking her eyes directly. She would eat nothing but bread and milk.²

Marie L. used often to speak of slaughter and killing, and of the struggle between heaven and hell.

A terrible struggle was now taking place on earth, and heaven was the prize at stake; it was her mission to defend heaven. She was born as a human being; but now she had to go to heaven to save the world. Here the patient used to stop, seem to hesitate, and then add that her father was the creator of heaven and earth. Q. And what about your mother? A. Oh, she could not have been anything like that; she was simply a consort.

On another occasion an apparently indifferent question ("How long did you stay with your brother at M.?") evoked the reply: "You must ask my brother; I'll tell you nothing about it. I think no more about it, for ingratitude is our only recompense here below. I have always been high-souled and kind to everyone. Restore my liberty; restore me to my father—I will find him, I will find him—yes, I will find him."³

The clinical data enable us to make a diagnosis and to give a

¹ Minkowski, Art. cit., *L'Encéphale*, April 1922, p. 219.

² Minkowski, Art. cit., *L'Encéphale*, April 1922, p. 200.

³ Minkowski, Art. cit., *L'Encéphale*, April 1922, pp. 220-1.

technical report on Marie L.'s responsibility for the attempted murder of which she was guilty. On the other hand, they leave unanswered many questions concerning the symptoms exhibited by the patient. These symptoms seem to us absurd and incomprehensible; but they may possibly have a hidden meaning.

Marie L.'s excitement died down, and she was transferred to the calm patients' ward. She consented to speak to the physician, and told him a number of facts which throw a new light on her disorder.

At the hospital she had torn her watch-chain to pieces in order to make a complete separation between heaven and earth.

The keys were the keys of heaven which she did not as yet possess; she had wanted to snatch them from the nurses.¹ She had sprung at the coffee because it was black, and she was afraid of all dark colours; she dared not drink it for the same reason. This was very like what she had felt during her first attack in 1910. Black was the devil's colour.² She took off her chemise so as not to lose heaven; the chemise came from the devil, for it held her a prisoner and took away her power.³ She constantly prayed without stopping and never said "amen," for this would have meant the end of everything. She tried to pray before an open window so that her prayer might go straight to heaven.⁴ She was the sun, for the sun was the chief thing on earth; therefore she prayed to the sun, and turned towards it when she prayed.⁵ She could only eat white things, and only such things as grew above the earth (fruit, for example); these things belonged to heaven; but she was forbidden vegetables, which grew in the earth, for they were of the devil; the surface of the earth was thus the line of demarcation between heaven and hell.⁶ She referred everything to the struggle between heaven and hell. She sometimes imagined herself to be God, but more often God the Son; she had been born a woman in order that her role might be better concealed than it was in the case of Jesus Christ.⁷

We are now in a position to "understand" most of the delusional episodes which made Marie L.'s behaviour seem so absurd. Her actions and gestures were only apparently incoherent, and she was really acting thematically:

All Marie's morbid manifestations, which seemed to us more or less disparate and unconnected with one another, can now be grouped round a central point. This relation can be effected by means of a very extensive symbolism, of which the patient herself gives us the key.⁸

¹ Minkowski, *Art. cit.*, p. 223.

² Minkowski, *Art. cit.*, p. 223.

³ Minkowski, *Art. cit.*, p. 224.

⁴ Minkowski, *Art. cit.*, p. 223.

⁵ Minkowski, *Art. cit.*, p. 223.

⁶ Minkowski, *Art. cit.*, p. 223.

⁷ Minkowski, *Art. cit.*, p. 224.

⁸ Minkowski, *Art. cit.*, p. 223.

⁹ Minkowski, *Art. cit.*, p. 225.

The kernel of the delirium, as we might say, is the idea of a struggle between good and evil, between heaven and hell.

It is clear [Minkowski continues] that the problem becomes greatly simplified by our ability to group all these details about a single central point, whereby our need to understand and to explain is in a large measure satisfied. We now have the feeling of having fathomed Marie L.'s case; her whole conduct is now comprehensible. We have no difficulty, moreover, in realizing whence this feeling comes: it is mad to try to upset a basin of coffee for no reason, but it is legitimate and human to try to oppose evil—only it is an error to suppose that this is achieved by upsetting the coffee, although its black colour can easily be related to the idea of evil, by a perfectly connected symbolism. It seems likewise legitimate to desire "the keys of heaven," but it is none the less an error to take this literally, and to believe that the nurses' keys might serve the purpose.¹

The various symptoms all lend themselves to considerations of this kind of which we need not give further instances.

We thus discover that all Marie L.'s abnormal acts are based upon general and normal motives; it is not till later that they go astray, because she takes symbols for reality, or conversely, real things for symbols. Her mental disorder seems now to be situated in this latter circumstance. The designation "insane," in its proper sense, hardly seems to fit the case any more; but this observation makes us think, and we find we have to retrace our steps, at least for a certain distance.²

Minkowski's last sentence opens up an extremely interesting question. The objection has often been advanced against Bleuler and Jung that their symbolic interpretations removed the barrier between the normal and the abnormal. The opponents of the Zurich school say that the insane are ultimately turned into real virtuosi of symbolism. They are credited with a gift of metaphorical expression equal to, or higher than, that possessed by the most talented poets. In short, the madman is exhibited as more intelligent than the normal man.

Before outlining our answer to this difficulty, let us indicate Minkowski's.

The simplification which our conception of Marie L.'s case has undergone through the aforementioned extended symbolism, is, and can only be, effected at the expense of the specific value of the various morbid symptoms exhibited. It only takes their content into account, and is bound to neglect the special form in which they appear. It is

¹ Minkowski, *Art. cit.*, p. 225.

² Minkowski, *Art. cit.*, p. 225.

easy to see that its explanatory value remains the same—quite independently, for example, of whether the content “slaughter and killing” occurs in the patient in the form of an auditory or visual hallucination; whether “being God or Joan of Arc” is a hallucination or a delusional idea; and whether “I have drowned a little girl” is the content of a confabulation, of a dream, or of an accomplished act. This restriction does not destroy the explanatory value of the path along which we have followed Marie L. and which has enabled us to advance to a further knowledge of her psychic mechanism.¹

Minkowski proposes to give the name of “level I” to that of the symptoms or the manifest content, and “level II” to that of the interpretation or the latent content, and continues:

The passage from level I to level II is not a direct descent, but implies at the same time a change which I think we might describe as a change of perspective. This fact will clearly affect the methodological point of view; from it we learn that level I is to retain its special problems, as for example that of the genesis of a hallucination considered as a specific phenomenon; that special methods will be necessary to resolve them, and that these problems will remain outside level II, in spite of its explanatory capacity.²

Minkowski's remarks are perfectly correct, and very clearly expressed. He could not have stated better the dual level of the semeiological and nosographical problems, and of the problems of interpretation. But apparently he has given no direct answer to the question he himself asked. This question is essentially of a psychological order. Once the interpretation of the symptoms has been accepted, Marie L. no longer gives us the impression of being insane, although she is undeniably so in reality. Let us give the question a general form. What is the exact difference between psychotic and poetic symbolism?

If we re-read the passage from Minkowski, we shall find that he has given the answer before asking the question. The patient “takes symbols for reality, or conversely, real things for symbols.”³ This extremely important statement deserves our attention. The difficulty we are encountering here is exactly parallel to that which we met when dealing with certain dream-interpretations which seemed to imply that the dream-work presented real jokes. We pointed out that this was a pure illusion, and explained that the dream-work rested on the *reality of relations*, and not on the *knowledge of relations*. This distinction sharply marks off the dream-symbolism from

¹ Minkowski, Art. cit., p. 226.

² Minkowski, Art. cit., p. 226.

³ Minkowski, Art. cit., p. 225.

that of waking thought, but it is inapplicable here, for the patient herself is conscious, at least in her calmer moments, of the meaning of her symbols. Delusional symbolism is therefore not identical with dream-symbolism, any more than with the symbolism of poetic thought. For the sake of precision, we must say that dreams, neurosis, delusion, reason and art, each have a different attitude to symbolism.¹ Take, for example, Victor Hugo's line:

*Le pâtre promontoire au chapeau de nuées.*²

Clearly a cloud is not a cap; the relation between the cap and the cloud is metaphorical—or symbolical, if we prefer the term. The dream uses the similarity-relation of geometrical form between the cloud and the cap to produce a simple evocation. The image of the cloud present in the latent content will evoke the image of the cap in the manifest content, or vice versa. The similarity-relation acts without being known.

Neurosis uses the relation between cloud and cap to arouse in connection with the one a feeling which is only justified in connection with the other, but the reason is not taken in by this displacement, and pronounces the feeling in question illegitimate. Let us suppose that a neurotic attaches feelings of profound grief to the image of a widow's cap; this grief may be released suddenly and paroxysmatically by the sight of a cloud which objectively resembles a widow's cap. The person concerned will be unaware of the similarity-relation, but he will be quite conscious that the painful emotion he experiences is not rationally grounded.

Delusion uses the relation in the same way as neurosis, but with the important difference that not only does the reason not disavow the action of the symbolic relation, but it is so distorted that it takes the similarity for identity. Let us remember Marie L.'s mad spring to upset a cup of black coffee. In this case, not only does the sign (the colour black) arouse the affective reaction which is only legitimate in connection with the thing signified (evil), but self-criticism turns aside, and the delusional judgment confuses the sign with the thing signified.

Reason is explicitly aware of the relation of symbolic resemblance, carefully distinguishes it from identity, and bases philosophical

¹ In our chapter on dreams we pointed out that in strict psycho-analytical terminology the word "symbolism" is used only of *collective* and *typical* symbolism. In practice, the Freudians themselves use the word "symbol" in a less technical sense, to mean any indirect representation; we here follow their example. (D.)

² "The shepherd-headland with its cap of clouds." (Victor Hugo, *Les Contemplations, Pasteurs et troupeaux*.)

theory upon it. Rational thought regards the symbol as an *object* of study, it is never a *means* of expression. Pure reason does not use symbolism.

Art uses the symbol with an (at least implicit) knowledge that it is such. This use of the symbol connects art with dreams, neurosis and delusion. Victor Hugo compares the cloud to a cap, and goes so far as to speak of a "cap of clouds." Taken literally, the expression is false. If the poet were deceived by it, we should be forced to say that he was raving. But we are well aware that he distinguishes symbolic resemblance from identity.

These detailed explanations give us the answer to the question which the opponents of the Zurich school ironically ask Bleuler and Jung: "What would you say is the difference between a poet and a sufferer from dementia præcox?" They differ in the fact that the schizophrenic is the dupe of his symbolism, whereas the artist is not.

If we require to know the real reason underlying the symbolic interpretation of delusions, we shall find that it must be sought in the philosophical explanation of error. Error arises from confusion between identity and resemblance, brought about by the influence of association upon judgment. This academic theory might have led us to deduce *a priori* that delusions must have a meaning. Science and philosophy meet at this point.

The form of our definition of the part played by symbolism in delusion concerns the delusional *judgment* proper. The symbolical mechanism of hallucinations is clearly much nearer that of dreams. This point deserves a lengthy study which we cannot give it here.

Having now fixed the exact bearing of the symbolical interpretation of delusions, we can return to the case of Marie L. Most of her symptoms have been deciphered, but some of them are still incomprehensible. The double attempt at suicide and murder remains unexplained. We do not know why the patient called herself Empress of Russia, or spoke of Poland. Her words about her father and mother are quite enigmatic. The outburst against ingratitude, in which she attacked her brother, is very strange.

A general difficulty is to be found beside these particular difficulties. We have said that the basic theme of Marie L.'s delusion was the struggle between good and evil. That is a very abstract idea. How could delusion turn upon so impersonal a theme? "We cannot be entirely satisfied with such a schematism," writes Minkowski, "when we are faced with a living human being, and trying to understand his individual psychic life."¹ Our inquiry must be carried further.

¹ Minkowski, *Art. cit.*, p. 226

After much hesitation, Marie L. made up her mind to give Dr. Minkowski the following information:

In her delusion, her mother and brother were among her persecutors; they were in league with the doctors to prevent her going to heaven; there was radical dissension in the family, which she thought dreadful; she was on her father's side, and her brother was an enemy—although (she hastened to add) she was very fond of him; she also had the idea that her mother was not really her mother; her real mother was an old nurse who had stayed with them for many years; her mother was among the evil spirits, while the nurse was among the good.¹

These details show us that the basic theme of the delusion was closely connected with the patient's nearest interests. "We now see certain threads overhanging the aforementioned schematism, and leading from the disorder to real life."² Having examined Marie L.'s psychosis on the "level of clinical symptoms," and then on the "level of general wishes and schemata," we have still to seek its roots on the "level of individual factors."³

Marie L.'s father was a chemist, who had lost a good deal of money in speculation. The patient's elder brothers and sisters had received an excellent education, but since the family fortunes had been so drastically altered, the youngest had no more than a severely practical education.⁴ This distressed her a good deal.

Her father was an intelligent man, of wide outlook and refinement, her mother was by nature cold and practical. When her husband suffered his financial losses, she contrived to gain control of what remained of his capital, so that the unhappy chemist died a pauper's death in the work-house. The brother living at M. was his mother's favourite child; like her, he had a "simple bourgeois" mind, and had no feeling for "ideals." The patient, on the other hand, was in full sympathy with her father.

She once happened to hear her mother and brother say of her "She's as mad as the old man." When she realized the wrong that her mother and brother had done to the family, she often dreamed that she was fighting with them; then she forgave them, and the dreams faded away. She gave them the money she earned. An old nurse had taken more care of her than her mother had done; she was nice and kind and showed some refinement. The mother had married for money, but the father for love (N.B. very intense affective reaction: yes, he really married her for love); he loved her till

¹ Minkowski, Art. cit., p. 227.

² These are the sub-headings of Minkowski's article.

³ Minkowski, Art. cit., p. 227.

⁴ Minkowski, continuation of article in *L'Encéphale*, May 1922, pp. 275-6.

the day of his death, whereas she constantly repulsed him. If she had backed him up, things would have been sure to take a turn for the better, and the children's life would have been quite different. The mother showed herself displeased when the children were with the father.¹

At the age of twenty-eight, Marie L. had a severe disappointment in love. She had fallen in love with a Pole, a most cultured and intelligent man, who used sometimes to call her "my queen" or "my princess." The patient's brother opposed the match, and she gave it up. She went on living with her brother until his marriage, when his attitude towards her changed and became less affectionate. The patient had entrusted to him her business savings, and his fulfilment of his trust was not above criticism.²

This information about Marie L.'s past enables us to understand why the patient called herself Empress of Russia or Queen of Poland. Her strange remarks about her father, mother and brother become equally clear. But not only are the symptoms explained in detail; the basic theme of the delusion, the struggle between good and evil, is seen to be a cosmic enlargement of the family conflict.

We have still to seek the causes of the dramatic incident which marked the beginning of the psychosis. Dr. Minkowski offers several explanations, none of them as obvious as those of the other symptoms and of the central theme. We shall therefore pass them by. It is useful to recall that a well-founded interpretation may sometimes show lacunæ. "In the best interpreted dreams we often have to leave one passage in obscurity,"³ writes Freud. The same must also be true of delusions. Minkowski himself points out, with laudable scientific honesty, the objections which might be raised to his reconstruction of the meaning of the delusion.

As we see, the links which connect the content of Marie L.'s psychosis to her previous life are very close. The question of the relation of cause and effect must inevitably be raised, though it is not at all easy to give a reply. We must not forget what we said in Chapter II on the "change of perspective"; we can only speak of affinity between the patient's past and her morbid symptoms if we abstract the specific form of the latter; the past can throw light on the content of a morbid manifestation, but not on its occurrence in one form rather than in another. Moreover Marie L.'s life, such as we may observe it, is in itself disorientated; it is governed by abstract ideas which do not rest upon a corresponding affective basis, and which are given no appropriate application. We shall not discuss

¹ Minkowski, *Art. cit.*, p. 276.

² Minkowski, *Art. cit.*, pp. 277-9.

³ *I. D.*, p. 484.

the question whether these ideas should be regarded as a sort of artificial compensation for the poverty and emptiness of her life and as a tendency to increase the worth of her own personality; or whether we may trace in them the expression of an innate incapacity to adapt to reality. The important point is that this state of affairs may be considered, not as a cause, but as one of the predisposing circumstances, or even as a sign heralding the psychosis. Lastly, it is not beyond the bounds of possibility that the account the patient gave of her life may have been influenced, at least partially, by the characteristic features of the attack she had just experienced; the tendency to adjust her life-story to the content of her psychosis may have been a secondary factor. Our memories, and especially our manner of presenting them, are always partly dependent on the present moment. These facts compel us to treat the above question with great reserve; but the value of the comprehensible links established between Marie's delusion and her past is not thereby diminished.¹

If we compare the interpretation of the stereotyped action of the "shoemaker" with that of Marie L.'s delusion, we shall soon find a radical difference of method. The stereotypy of Jung's patient was deciphered by means of the thematism of facts and circumstances without the use of general symbolism. Marie L.'s delusion was translated for us by the patient herself. The latter case is exceptionally favourable. If Marie L. had had no period of remission, the meaning of her morbid symptoms could only have been traced by a combination of collected information about her past and the list of typical symbols, followed by an inquiry to establish whether certain combinations exhibited a thematism so distinct that it could not be attributed to chance. We observe that in such a case the interpretation of an insane person's delusion requires an exhaustive inquiry into her past, and a scrupulously critical use of the method of proof by convergence of indications. The difficulty of such a task may well be imagined.

Problems of interpretation are followed by problems of ætiology. We explained this distinction at length when we were dealing with the general theory of the neuroses. The acceptance of a psychoanalytical interpretation of a neurotic or psychotic content neither implies nor excludes any ætiological theory—somatogenic or psychogenic. We said that Hughlings Jackson's ideas might be used to give us an even more exact definition. Interpretation is concerned with the positive component of the disorder, i.e. the released inferior function; we have still to seek the cause of the negative component, of the (temporary or final) eclipse of the superior governing function.

¹ Minkowski, *Art. cit.*, pp. 280-1.

It is at this latter point that Bleuler and his followers diverge from Freud. Without alluding to Hughlings Jackson, Minkowski uses a distinction similar to his, but less exact. "The presence or absence of complexes is not a factor of differential diagnosis, which must (in schizophrenia as in any other disorder based on deficiency) rest on the elementary symptoms and on the particular behaviour, as Bleuler has described them. No event or phenomenon of normal life is in itself sufficient to support the concept of *disease*. Disease can only be based on disorder and anomalies, and not on the psychological content of the psychosis. This, of course, does not diminish the enormous importance we must allow to any attempt to make the incoherent manifestations of the insane comprehensible, and to compare their psychism with our own."¹ "Bleuler holds," Minkowski writes elsewhere, "that an organic factor is to be found at the base of schizophrenia. He constantly emphasizes this."² In another passage, the same writer reaches this expressive formula: "To use a metaphor, complexes fill the gulf dug by the initial disorder, but they are not capable of digging it themselves."³

The interpretation of the content must be carefully distinguished from the problems of diagnosis and ætiology. Both psycho-analysts and their opponents agree in treating these as three separate questions. But their agreement is at an end when an answer is to be given. As far as interpretation is concerned, many psychiatrists recognize that psycho-analysis has thrown interesting light on the content of the psychoses. But in general they blame psycho-analysts for neglecting the nosographical point of view, and they reject the ætiological theories advanced by Freud and his followers.

It is true that psycho-analysts have laid more stress than anyone else on the relativity and unreliability of the nosographical classifications. All writers are agreed on the little value attaching to present-day classifications of mental pathology. Rogues de Fursac, for example, writes: "Psychiatry does not now—and indeed could not—contain any but artificial classifications, for the ætiology and pathogenesis (the only possible bases for a natural classification) of most of the psychoses are unknown."⁴ If psycho-analysts had said no more, anathema would not have been pronounced against them. But whereas most psychiatrists hold fast to the hope that in a more or less distant future mental disorders will be classified in as satisfactory a manner as somatic disorders, psycho-analysts often throw doubt on the legitimacy of the very concept of morbid entity in mental pathology. They hold that mental disorders form a continuous

¹ Minkowski, S., p. 143.

³ Minkowski, S., p. 246.

² Minkowski, S., p. 144.

⁴ Rogues de Fursac, M. P., p. 195.

scale, and that the inquiry whether a given case may be classed as chronic hallucinatory psychosis, or as the paranoid variety of dementia præcox, is quite unimportant. The dynamic point of view leads them to regard mental disorders as a sum total of psychic reactions which cannot be set in a single reciprocal relation to a series of specific pathogenic agents. The psycho-analytical theory looks for a basis in the *mechanisms* whereby the individual reacts to a particular psychic conflict. Let us take the instance of remorse against which a defence is set up. If this remorse is *converted* into organic pain, we shall be dealing with a case of hysteria. If it is *projected* in the form of a delusional accusation, we shall speak of paranoia. We have, of course, still to determine why some react by conversion and others by projection. Here psycho-analysts would willingly accept an explanation based, at least partially, on the constitution. That is to say that their opposition to the academic theories is not absolute. They recognize the part played by hereditary factors as long as it is not regarded as exclusive. They have even outlined a kind of psychological nosography based, as we have just seen, on the reactional psychic mechanisms.

This point of view is clearly related to the theory of the (at least partially) psychic ætiology of mental disorders, which we have now to examine.

This inquiry might be undertaken separately for dementia præcox and the systematized hallucinatory disorders. But Dr. de Clérambault, the French leader of the organicist school, thinks that there is only a difference of degree between dementia præcox and the chronic hallucinatory psychosis. Moreover Bleuler's followers regard the chronic hallucinatory psychosis as classifiable under the head of schizophrenia.¹ In these conditions it seems preferable to discuss the problem of psychic ætiology in mental disorders comprehensively. Clérambault builds both dementia præcox and chronic hallucinatory psychosis on the schema of mental automatism, the doctrine we are about to state and criticize.

II. Mental Automatism

The basis of Dr. de Clérambault's schema is the distinction of two stages in the genesis of the syndrome, which may, we believe, legitimately bear the name he gives it, although others prefer to call it the syndrome of exterior action (Claude), or the syndrome of dispossession (Lévy-Valensi). The two stages are known respectively

¹ Minkowski, "De la rêverie morbide au délire d'influence," in *L'évolution psychiatrique*, old series, vol. ii, pp. 178-84.

as the hallucinosis and the interpretative. The vital theory maintained by Clérambault is that hallucination—or more accurately, automatism—is prior to the delusion. At the first stage we find the phenomena of automatism, viz. thought-echoes, verbal enunciation of actions, and various forms of hallucination. The patient is unaware of the cause of these phenomena, and gradually grows convinced that they are the work of some foreign agent, so that delusion is established through interpretation. Clérambault has stated this leading idea in a number of well-marked definitions.

Delusion proper is only the reaction of a reasoning and often sound intellect to the phenomena arising from the subconscious.¹

In the many persecution-maniacs which show symptoms of hallucination, we may distinguish two orders of events: (a) *the original event*, i.e. *the mental automatism*; (b) *the secondary intellectual construction*, which alone merits the name of persecution-mania.²

The work of interpretation and the systematic arrangement of the conceptions are only *epiphenomena*, the result of conscious action (which is scarcely morbid, or not morbid at all) upon the material afforded by the unconscious. We may say that at the moment of the appearance of the delusion, the psychosis has already been long-established. *Delusion is only a superstructure.*³

Automatism being thus distinguished from the delusional judgment to which it gives rise, we must subdivide and define automatism itself. "Mental automatism is the more or less complete independence of psychic elements which escape the control of the will."⁴ All writers have generally accepted this definition of Lévy-Valensi's. It might be stated more briefly: "Automatism is the non-voluntary." Opposition proper may be added to independence of the will, but independence alone is enough to constitute automatism.

Various different groups of phenomena are comprised in automatism, which may therefore be subdivided according to a number of points of view. We may first distinguish *thematic automatism*, of which the most characteristic example is psychic auditory hallucination of the spoken word, from *athematic automatism*, typified by the thought-echo. This distinction implies no theoretical judgment, whereas the chronological and ætiological subordination of automatism is the crucial point of the debate between Clérambault and his opponents. Clérambault holds that athematic automatism is basic,

¹ de Clérambault, "Psychoses à base d'automatisme et syndrome d'automatisme," in *Annales médico-psychologiques*, February 1927, p. 193.

² de Clérambault, *Art. cit.*, p. 194. ³ de Clérambault, *Art. cit.*, p. 195.

⁴ Lévy-Valensi, *L'automatisme mental, rapport au Congrès des aliénistes et neurologistes de 1927*, p. 5.

whereas thematic automatism is derived; that thought-echo is primary, whereas psychic hallucination is secondary. His opponents maintain that the real order of succession and dependence of phenomena is exactly the reverse. Here are some of the definitions at present advanced by Dr. de Clérambault.

Auditory hallucination proper and psycho-motor hallucination appear late in the decline of mental automatism, whose original phenomena are intuition, proleptic thought, thought-echo, and non-sense. These phenomena are always to be found (for a limitation of this view, cf. *infra*) as the starting-point of the psychosis, if the patient is fittingly questioned and is capable of introspection. But patients tend only to recall the thematic period of the mental automatism—the basis of the “story.”¹

Our terms “thematic automatism” and “athematic automatism” are simply descriptive and semeiological; they are equally adaptable to the somatogenic and to the psychogenic theory. Clérambault often uses the expressions *basic automatism* or *nuclear automatism* for athematic automatism, thereby meaning that it constitutes the basis or kernel of the psychosis.² Since these expressions are wrong in presupposing the acceptance of Dr. de Clérambault’s theory, instead of being simply descriptive, we shall not use them.

Clérambault makes a second division of automatism into sensory, motor, and ideo-verbal; hence the term *triple automatism*, which he so often uses. This division scarcely needs comment, but it is important not to confuse it with the first. Let us take for example the case of a patient who thinks: “This table is square.” The thought-echo repeats in him: “This table is square.” The repeated thought may be regarded either as a thought or as a repetition. Considered from the point of view of its content, the induced phenomenon is ideo-verbal; but considered as a repetition, it is athematic. Here we see that a double classification is useful in order clearly to distinguish the thematism of the thing repeated from the athematism of the repetition. Let us now imagine that the same patient, at a different stage of his psychosis, hears an interior voice telling him: “You’re a villain.” This time, the phenomenon is not only ideo-verbal, but thematic. Whereas thought-echo is ideo-verbal and athematic, psychic hallucination of verbal audition is ideo-verbal and thematic. We should add that our philosophical observations on the double division of automatism are only implicit in Clérambault’s system. What is the cause of this triple automatism?

Clérambault believes that triple automatism has an organic cause, and is a late sequel to poisoning or infection.

¹ de Clérambault, Art. cit., p. 197. ² de Clérambault, Art. cit., p. 234.

The resistance-conditions of the nerve-cells may be summarized thus: (i) the lowest cells of the neural axis have the best resistance; (ii) all nerve cells, high or low, have a resistance proportionate to the age of the organism; (iii) their resistance is most complete when the attack they have to repel is mildest.¹

These three laws enable him to establish a sort of scale of predominance of the psychosis according to age.

From puberty onwards, chronic confusional forms and dementia præcox in a particularly maniacal form; after the age of twenty, dementia paranoides, the more paranoid the older the patient; at forty, the so-called systematic hallucinatory psychoses, with total or sub-total preservation of intellectual and affective integrity.²

Here we see, as Nayrac points out, that "M. de Clérambault (agreeing here with the views of Kraepelin and Bleuler) combines chronic hallucinatory psychosis and dementia præcox in a single pathogenesis based on automatism."³

After this statement of his general conception of organically-caused automatism and of the laws which govern the severity of the attack, Clérambault proceeds to the arguments which must serve to justify the exclusive part played by somatic factors. He does not dwell upon sensory and motor automatism, regarding the mechanical origin of olfactory and visceral hallucinations as obvious. On visual hallucinations he writes:

Here are some proofs of visual hallucinations' lack of connection with ideas: images rising suddenly, without relation to the patient's thought, without reciprocal congruity, without affective charge, often fragmentary, and often phantasmagorical; sometimes a visual series and an auditory series are coincidental, but not concordant; their approach is unperceived, they cannot be held or recalled; in short, complete autonomy of the visual flow; really free images, as in the cases of tabes, tumour, chloralism, etc. Further proofs of mechanical genesis: absolute specific nature of images for each toxin, particular absence of objectivation or appropriation.⁴

Dr. de Clérambault's best efforts are devoted to proving the somatic origin of ideational and ideo-verbal automatism, to which

¹ de Clérambault, Art. cit., p. 207.

² de Clérambault, "Psychoses à base d'automatisme," in *La Pratique médicale française*, May, 1925, pp. 188-9. This interesting passage has been excluded from the abbreviated summary of Dr. de Clérambault's works which appeared in *Annales médico-psychologiques*. (D.)

³ Nayrac, *L'automatisme mental, rapport au Congrès des aliénistes et neurologistes de 1927*, p. 44.

⁴ de Clérambault, Art. cit., *Annales médico-psychologiques*, February 1927, p. 214.

he attributes three basic characteristics which we may call the groundwork of his whole theory. Ideo-verbal automatism is neutral, general and athematic.

Neutrality is absence of affective value. Clérambault continually recurs to the idea that at its beginning automatism has no affective quality. "In pure hallucinosis," he writes, "there is a minimum of ideational element, no affective element, and the mechanical origin is clear. The patient is neither discontented nor anxious; often he is even euphoric."¹ The objection at once occurs that in many patients with delusions of persecution the hostility is primary; the voices they hear are aggressive from the start. Dr. de Clérambault has a very ingenious answer. "*Progressive hallucinatory psychosis of the Magnan type is simply a mental automatism, or rather a triple automatism, erected on a paranoiac basis; from the genetic point of view, it is not a unity, but a symbiosis.*"² We may grasp the vital importance of this distinction: precocious "persecutory" reactions, and even the initial aggressive colouration of the ideo-verbal automatism, will always be attributed to the patient's constitution, and not to the morbid process in evolution. "The best cases of hallucinatory persecution, with a maximum hostility, certainly constitute a well-defined clinical syndrome, *but not an entity* from the analytical point of view."³

Ideo-verbal automatism begins not only with neutral phenomena, but with phenomena which are generalized from the start—a new proof that it is not connected with any affective complex. The thought-echo is the perfect type of a generalized automatic phenomenon. How could there be a psychological explanation of the interior repetition of all the patient's thoughts, *whatever their content*, especially if the repetition is a primary symptom? "The thought-echo," writes de Clérambault, "has a clearly mechanical origin, and cannot be explained by any ideological theory."⁴ His doctrine attaches major importance to the frequency and the early appearance of thought-echo in the "being-under-influence" syndrome.

Ideo-verbal automatism is originally athematic. We might say that this characteristic runs in double harness with non-affectivity, which it logically implies. But we have thought it better to divide them, in order to throw a better light upon the interesting developments of Dr. de Clérambault's theory. He continually stresses the fact that ideo-verbal automatism begins with "parrot-like phenomena comprising elaborate puns, non-sense, and the repetition of

¹ de Clérambault, Art. cit., *Annales médico-psychologiques*, February 1927, p. 220.

² *Idem.*, *ibid.*, p. 198.

³ *Idem.*, *ibid.*, p. 199.

⁴ *Idem.*, *ibid.*, p. 219.

tags and snatches."¹ These poor contents are gradually reinforced with more "ideational" elements. At this stage

the phrases heard are not the results of personal subconscious thought, for they are utterly divested of all unity; their thematic repertoire is unforeseen, indifferent, chaotic, not orientated towards the patient, and still less directed against him. Different voices utter concise phrases, either wholly unconnected or feebly complementary, lacking in thematism, not concerned with the patient, bearing on facts which do not interest him, and interrupting these facts without ever pursuing them to the end. The patient may well think himself listening to a telephone when several lines have been crossed. These are free phases, similar to the free images we have already seen.²

This weak thematism continues to increase its charge of "ideational and personal elements."

If triple automatism is of organic origin, how are we to explain the concordance often to be found between its components? The same question may be asked concerning the solidarity of the various forms of sensory automatism. How does the content of an auditory hallucination come to agree with that of a visual hallucination? and how comes it that the words heard are suited to the hallucinatory person who seems to utter them? These difficulties do not trouble Clérambault. "The association, as well as the genesis, of hallucinations is explained by organic and *not by ideogenetic causes*."³

We have just described the first stage of the psychoses based on automatism, which may be called the hallucinosis stage. As is well known, the expression "hallucinosis" is confined to hallucinations unaccompanied by delusion. Since hallucinations are only a kind of automatism, it seems legitimate, in the absence of a special term such as *automatosis*, to use the expression "hallucinosis stage" to denote the period during which the automatism is as yet unaccompanied by delusion.

The appearance of delusion is explained either by a constitutional predisposition, or by the need of explanation, or by a reaction of annoyance.

If automatism takes root in paranoiac soil, we shall at once find "persecutory" reactions. Magnan's period of incubation will really be a manifestation of a pre-established characteristic *coinciding* with mental automatism, but not responsible for it. We have already

¹ de Clérambault, Art. cit., *Annales médico-psychologiques*, February 1927, p. 214.

² de Clérambault, *Annales médico-psychologiques*, February 1927, pp. 220-1.

³ de Clérambault, "Psychoses à base d'automatisme," in *La Pratique médicale française*, May 1925, p. 197. This important statement is not to be found in the summary published in *Annales médico-psychologiques*. (D.)

pointed out that Clérambault regards Magnan's psychosis as a mixed form, as a symbiosis and not as an entity. He quotes in support of his theory the rarity of the true persecution-type (the "persecuted-maximum," as he calls it), a rarity which, in view of the frequency of the hallucinatory psychoses, can only be explained by the fact that it requires coincidence of the paranoiac constitution and of automatism in the same patient. Constitutional predispositions other than the paranoiac taint will colour the psychosis in various different ways.

But automatism in itself appears bound to lead the patient, almost of necessity, to the delusion of influence. How can he avoid attributing to exterior action phenomena which normally he should be able to control, and which are not only quite independent of the will, but rebel against it? The logical need of causal explanation leads to the postulate of outside influence. Clérambault's statement on this subject reveals the philosophical inspiration of his doctrine:

The explanations adopted [he writes] are often childish or superstitious. This is due to the fact that when faced with personal emotions, and especially when submitted to prolonged strain, we are all more readily liable than we might suppose to lose our scepticism and to revert to atavistic ideas. With only his own powers to confront new emotional phenomena, the delusional patient is in the same position as primitive man facing the forces of nature, which he interprets in terms of animism, reading sense into every sound and movement. The hallucinated patient would have to possess the strength of genius to keep hold of the subjective explanation amid so many self-corroborating false realities. Not only action at a distance, but the constant guess-work of his own thought converts him to animism, i.e. to the concept of hidden thoughts and governing wills. But is the action of the psychiatrist himself in any way different from that of his patient, when he tries all means to discover the ideal forces behind the psychosis and its mechanisms, in spite of the inferences to be drawn from the organic cases, and in spite of the disproportion between the weakness of an idea and the great weight of the mechanisms set in motion? In science, psychiatric ideocracy is the last refuge of animism.¹

Automatism also leads to delusion by reaction of annoyance. Whereas in the early stages the content of automatic phenomena is not at all hostile, their continuous repetition ends by becoming exasperating. The patient becomes irritated, and his fictitious double

¹ de Clérambault, "Psychoses à base d'automatisme," in *La Pratique médicale française*, June 1926, p. 256. This highly significant passage has been dropped from the summary in *Annales médico-psychologiques*. (D.)

cannot but follow suit. The bad temper of the hallucinated patient gradually finds its way into the hallucinatory content.

The patient complains, and the voices make reply; he complains again, and the voices elaborate the theme. All impatience, even if unexpressed, must fall back upon his head in a shower of sarcasm and abuse; even his moments of despondency will receive lengthy comment. Emotion always provokes voices, and voices always provoke emotion; emotion, too, tends to make the voices hostile, so that we have not only a vicious circle, but a continual crescendo.¹

We need not be astonished that in such conditions the patient should progress from hallucinosis to delusion.

This general statement of Dr. de Clérambault's doctrine enables us to grasp its fundamental characteristic, which is the most thorough-going organicism. This organicism is exhibited in a number of typical *förmulæ*, of which we give a few examples:

Chronic hallucination is as little dependent upon ideation as cerebral hæmorrhage.²

The ideational content of ideo-verbal hallucinations always tends to make us forget that only *their mechanism* is of scientific importance.³

The syndrome of passivity is a sum total of wholly organic phenomena; the resulting psychosis is *of a mechanical nature* in its starting-point and in its development; the former psychological personality and the psychological processes proper appear only in a *subsidiary, secondary, and fragmentary manner*. Ideogenesis has no place in any of the basic functions, and survives only in details.⁴

In our conception of the chronic hallucinatory psychoses, the classic relation between the ideo-affective elements and the hallucinations is *inverted*. Moreover, in the field of hallucinations we invert the relation of importance between thematic and athematic phenomena; *these phenomena are significant in inverse proportion to their conceptual charge*. Echo and nonsense exhibit the mechanisms of the psychosis in their simplest form.⁵

The writer's own summary of the elements of his doctrine ends with this phrase:

The personal ideo-affective complexes, whether present or past, appear only as parentheses in the neurological process.⁶

¹ de Clérambault, *Annales médico-psychologiques*, February 1927, pp. 229-30.

² de Clérambault, "Psychoses à base d'automatisme," in *La Pratique médicale française*, May 1925, p. 190. This statement has been dropped from the summary in *Annales médico-psychologiques*. (D.)

³ de Clérambault, *Annales médico-psychologiques*, February 1927, p. 207.

⁴ *Idem.*, *ibid.*, pp. 212-13.

⁵ *Idem.*, *ibid.*, p. 236.

⁶ *Idem.*, *ibid.*

All physicians who take any account of psychology naturally make common cause in opposing Dr. de Clérambault's theories. The radical antithesis of these theories to the dominant concepts of psycho-analysis is at once obvious. Chief among the many psychiatrists who have criticized this doctrine are Professor Claude and Dr. Ceillier. These two writers are not followers of Freud, but they make use of psycho-analytical principles with a wide eclecticism. Without binding ourselves to following each development of their respective theories, we shall rely largely on their works in our exposition of the psycho-analytical pleading in answer to the case opened by Dr. de Clérambault.

The analysts raise no objection to the distinction between the hallucinosis and interpretative stages, which many of Freud's followers are disposed to accept. Hesnard, for example, declares it to be fully borne out by his own clinical experience.¹ Ceillier, who refers far more to Séglas than to Freud, adopts, in his work entitled *Les influencés*, a distinction exactly parallel to that of Dr. de Clérambault.

The mechanism of influence [he writes] is explained by the addition, or rather by the combination of two elements: (i) *automatism* (translating a dissociation of the conscious personality); (ii) *the idea of influence* (the patient accepting the theory that his automatic acts and phenomena are due to foreign influence by means of suggestion, hypnotism, occult sciences, etc.)²

After a discussion of the various automatic phenomena, Ceillier adds:

In almost all influenced patients the feeling of influence is directly derived from the foregoing phenomena. I think it is impossible for a patient with well-marked signs of mental automatism not to have the conviction of foreign influence, and not to appeal to suggestion, hypnotism, occult science, or divine or demoniac intervention.³

But the distinction between automatism and delusion by no means implies that automatism is of *purely* organic origin. On this point, Clérambault gives a strange statement of his position. He seems to identify the psychism with conscious reasoning. From the fact that automatism does not consist in judgments and reasoning (a point that none of his opponents would dream of denying), he

¹ Hesnard, "Les applications de la psychanalyse à l'étude du mécanisme psychogénétique des psychoses délirantes chroniques," in *L'évolution psychiatrique*, old series, vol. ii, p. 46.

² Ceillier, "Les influencés," in *L'Encéphale*, March 1924, p. 152.

³ *Idem.*, *ibid.*, April, 1924, p. 232.

concludes that it is not of psychic origin. This is an improper inference. In reading the same writer's remarks on dreams, we have the impression of continual misunderstanding.

Dreams furnish us with many examples of complex mental operations which take place in our unconscious without any awareness on our part. Thus an imaginary speaker in a dream may explain a mechanical invention which, however absurd, is quite new; he may suggest a tenable etymological derivation, or so true a diagnosis that we may regret not having made it first. The admiration we feel is a good proof of the completely exterior quality, in relation to consciousness, of the operations of which we only see the finished product.¹

Clérambault agrees with the psycho-analysts on two points: (i) oneiric products are intrinsically psychic; (ii) the operations which give rise to them are entirely outside consciousness. Once this is granted, a direct answer must be given to the question whether the operations, whose product is psychic, are themselves psychic? A negative answer involves violation of the principle of causality, for cause and effect must be homogeneous. An affirmative answer involves the recognition that hallucinations, being indubitably psychic products, cannot be *wholly* caused by non-psychic operations. By all means let anyone who cares to do so deny (if he can) the existence of psychic products due to unconscious operations. But if their existence is accepted, it is impossible to maintain that the operations in question are *purely* mechanical.

Every psychic operation contains two components, one material, and the other psychic in the true sense. None of Dr. de Clérambault's opponents have attempted to treat man as a pure spirit.

I cannot conceive [writes Ceillier] of a psychic state without a physiological accompaniment. A purely psychic emotion, with no physiological concomitant, is inconceivable, but that does not reduce emotion to the level of an organic state. The same is true of psychic hallucination and of all the phenomena of automatism which are essentially *psychic events*.²

It is therefore impossible to accept Dr. de Clérambault's statement that "chronic hallucination is as little dependent upon ideation as cerebral hæmorrhage." The cause must be related to the effect: hallucination, a psychic event, must have a psychic cause. To deny this is to destroy the very concept of a psychological event, and to confuse the sight of blue with blueness of the eye.

¹ de Clérambault, *Annales médico-psychologiques*, February 1927, pp. 223-4.

² Ceillier, "Recherches sur l'automatisme psychique," in *L'Encéphale*, April 1927, p. 285.

If every psychic event requires a physiological concomitant, and if every cognitive or affective movement is the result of organo-psychic collaboration, we are naturally led to assume that disorder may make its entrance by either of two ways, and that disturbances of the psychism may have either an organic or a psychic ætiology. We have already discussed this question in our chapter on the general theory of the neuroses. Let us recall the distinction which we there made between somatogenic and psychogenic disorders, and disorders of psychic structure. If an attack of mental confusion is due to an infection, we shall call it somatogenic. If it is due to an emotional shock, we shall call it psychogenic. This word must not be allowed to deceive us, for here the psychic event has only been the *primum movens*, and has released humoral disturbances which are as organic as they can be. On the other hand, in the case of Pavlov's experimental neuroses, in which an absolute defence-reflex is blocked by a conditioned reflex, and later frees itself from inhibition by gathering increased energy, at the same time giving rise to over-compensatory phenomena, we have a strictly dynamic disturbance. Of course, both the inhibited and the inhibitory tendency are each organic as well as psychic. But the instinctual conflict is the seat of the disorder. The case of neuroses of conflict is quite different from that of mental confusion due to emotional shock.

The psycho-dynamic point of view is applicable to the psychoses as well as to the neuroses. If we accept (as contemporary writers are more and more inclined to do) the fact that we have within us a series of organic-psychic tendencies so graduated that the higher normally control the lower, we shall be led to apply Hughlings Jackson's schema to the psychoses. They imply both a negative aspect (cessation of control by the superior function), and a positive aspect (explosive release of the inferior function). We must therefore make a careful distinction between the causes of liberation and the causes of discharge of the freed tendency.

Applying these considerations to mental automatism, we shall find that they lead us to draw several distinctions. The first instance is that in which weakening of the superior function prevails, a weakening which seems to be due either to organic causes or to emotional shock.¹ We may certainly grant that in many cases weakening of control is due *solely* to organic causes. The ætiology of the negative aspect of the phenomenon is purely somatic, but it would be sophistry to argue from this that the positive aspect (the discharge of the mental automatism) depended solely on mechanical

¹ In vol. ii we shall see that Pavlov's theory of inhibition allows of a further explanation. (D.)

causes. Clérambault makes the mistake of not distinguishing the positive aspect clearly from the negative aspect of the syndrome which he has studied so closely. One is never quite certain what he means by the "causes of the automatism." He is often found to be chiefly concerned with the negative and deficient aspect of the events with which he deals, thereby giving proof of his keen medical sense. But he cannot differentiate the negative from the positive aspect conceptually. He is led by this defect in analysis to deduce from the purely somatic ætiology of the negative aspect (a perfectly tenable theory) the purely somatic aspect of the positive aspect (which is an untenable paradox). Without explicit reference to Jackson's distinction, his opponents none the less quote it. "If I find a syphilitic showing signs of a syndrome of influence," writes Ceillier, "improving under treatment and relapsing at each advance in the evolution of his syphilitic infection, I shall willingly publish the case, without any surprise and without any feeling of self-contradiction. But I shall certainly not deduce from it that the phenomena thus produced are neurological and have nothing to do with ideation."¹

The second instance is that in which the inferior function seems primarily to receive reinforcements, and thus to effect its own liberation. We may grant that these reinforcements may depend upon either organic or psychic causes. In the latter case, the entire morbid phenomenon would be of psychic ætiology; we should be dealing with a psychosis of psychic structure, in the sense described above. This may be an extreme case, but we have no right, simply on those grounds, to deny its possible existence *a priori*.

The ætiology of mental automatism may be shortly summarized in this definition of Professor Claude's: "This automatism may be encouraged or even provoked by certain organic states or certain biological modifications of the nervous centres, either permanent or transitory. It may also be found without any traceable organic provocative cause, the affective element remaining in the foreground."²

There is therefore no *a priori* reason to maintain either an organic or a psychic ætiology exclusively. How then are we to set about discovering what are in fact the real causes of mental automatism? Our first thought is naturally to have recourse to pathological anatomy, but hitherto this science has afforded no certain data for the solution of our problem. There follows the therapeutic argu-

¹ Ceillier, "Recherches sur l'automatisme psychique," in *L'Encéphale*, April 1927, p. 285.

² Quoted in Lévy-Valensi, *L'automatisme mental, Rapport au Congrès des Aliénistes et Neurologistes de 1927*, p. 50.

ment. Cases have been known in which mental automatism has receded following lumbar puncture, reappeared at the same time as rise of intracranial pressure, to disappear once more after a second lumbar puncture. This excellent observation by Professor Claude certainly proves that organic causes play a part, but Claude himself is the first to emphasize that somatic factors give no explanation of the content of his patient's automatism, which was entirely thematic. We are therefore led to give the greatest weight to clinical arguments, and our discussion must now be directed to the thematism of hallucinatory psychoses, and to the primary quality of that thematism.

But before examining the problem of the aetiology of triple automatism, a preliminary note is required on sensory automatism. The meaning Clérambault gives to this term is not always clear. We are sometimes uncertain whether he is using it to denote psychic hallucinations alone, or both psychic hallucinations and true (or psycho-sensory) hallucinations. It is true that in certain passages Clérambault speaks of the "non-sensory" quality of automatism,¹ but such passages do not seem to apply to the question before us. Above all, when Clérambault defines "absence of visual ideation," he attributes to it qualities which can only apply to æsthetic hallucinations. "These images are flat, airy and transparent; they are perceived as pictures and not as realities—and further as artificial pictures. They are projected wholly on a single plane, localized at a remarkably constant distance."² Let us stop at this last characteristic. Localization at a constant distance can clearly only be the case in æsthetic or true hallucinations. Absence of spatial exteriority is the particular characteristic of psychic hallucinations.³ This statement has a most important consequence. *Only psychic hallucinations, and not true sensory hallucinations, can serve to support the feeling of being influenced or of dispossession.* This is readily understood. A sensory hallucination has the qualities of a sensation, and impossibility of suppression by the will is part of the very nature of sensation; if my ears are not stopped, I cannot, by an effort of will, prevent myself from hearing a noise. Interior images, on the other hand, are normally subject to the control of the will, so that if they ever escape that control, the patient will necessarily have the feeling of a dis-integrated ego. Ceillier has well stressed this important point.⁴ There follows a conclusion fatal to Dr. de Clérambault's theory.

¹ de Clérambault, *Annales médico-psychologiques*, February 1927, p. 199.

² de Clérambault, "Psychoses à base d'automatisme," in *La Pratique médicale française*, June 1926, p. 236. This passage is not included in the summary in *Annales médico-psychologiques*. (D.)

³ Ceillier, "Les influencés," in *L'Encéphale*, March 1924, pp. 155, 161.

⁴ *Idem.*, *ibid.*, April 1924, p. 232.

The reasoning whereby he attempts to explain the feeling of influence or dispossession cannot apply to the chronic hallucinatory psychosis proper, but only to the psychosis of influence or to the various influence-syndromes *sensu stricto*. What now remains of his criticism of Magnan's psychogenic conception of chronic hallucinatory delirium? Chronic hallucinatory psychoses of Magnan's type imply true sensory hallucinations *by definition*. But true sensory hallucinations cannot arouse the feeling of influence or of dispossession. The origin of "persecutory" ideas in true hallucinatory psychoses cannot therefore be explained by subsequent interpretation of the feeling of influence, as Clérambault maintains.

*Absence of the feeling of automatism [writes Ceillier] is one of the chief characteristics of chronic hallucinatory psychoses of Magnan's type, without taking into account the innumerable symptomatic and evolutionary characteristics which distinguish true hallucinatory psychoses from influence-psychoses, and especially the existence of true sensory hallucinations, without which it would be impossible to speak of hallucinatory psychoses, however that nosographical form may be extended. I therefore declare that M. de Clérambault has described the analysis and pathogenesis of chronic hallucinatory psychosis, in the case of patients suffering from delusions of influence and not from true hallucinatory psychosis.*¹

We must now, if we wish to construct our theory of psychoses based on automatism, carefully eliminate true sensory hallucinations and only retain psychic hallucinations. If "sensory automatism" is to be made capable of explaining the feeling of dispossession, it must be entirely purged of all those flat, airy images, localized at a constant distance. Once this is achieved, we shall have to inquire whether "sensory and motor automatism" (or, to avoid all misunderstanding, "psychic and psycho-motor hallucinations") are of *exclusively* organic origin. Here again we shall find that Clérambault makes no distinction between the positive and negative aspects. It cannot be maintained that psychic hallucination (a psychological phenomenon if ever such a thing existed) is due, in its *positive* and characteristic qualities, to *wholly* non-psychic causes. That the liberation (and not the discharge of the liberated tendency) is due to *purely* organic causes, is no more or less valid than any other hypothesis. It is certainly not evidential, as Clérambault maintains. His ultimate argument is drawn from the fact that both sensory and motor automatism are at first *athematic*. Even supposing that this is true, what would it prove? It would certainly not show that the discharge

¹ Ceillier, "Recherches sur l'automatisme psychique," in *L'Encéphale*, April, 1924, pp. 281-2.

of the freed automatism is *wholly* due to organic causes, but we must recognize that it would be a very substantial proof of the weakening of the superior, controlling function by an organic cause. As we have seen, the psycho-dynamic balance may be upset either by weakening of the inhibitory function, or by reinforcement of the inhibited function. If the weakening of the inhibition is primary, it must apparently be due to organic causes or to the organic effects of emotional shock. It is indeed difficult to admit that a pathological phenomenon depends on a psychic function *separately considered*.¹ Since the weakening of the control is primary, it will liberate tendencies almost indiscriminately at the same degree of tension, which explains comparatively athematic automatism. If, on the other hand, the reinforcement of the inhibited function is primary, if it carries the barrier of the inhibition by force of arms, the discharge of the automatism will be highly thematic. Clérambault's criterion may not have the importance attributed to it by its inventor, but it still retains great value.

Having settled the question of right, let us pass to the question of fact. Is sensory automatism—or, to avoid all misunderstanding, are non-verbal psychic hallucinations athematic? Clérambault asserts this, but many of the most famous psychiatrists categorically deny it. Ségla has often pointed out the symbolic character of visual pseudo-hallucinations, or "imaginary visions."² This symbolism is clearly irreconcilable with athematism. Again, Professor Claude often insists on the thematic quality of the hallucinations which form the foundation of the syndrome of exterior action.

At every step [he writes] and at every stage of the evolution of hallucinatory psychoses in our patients, we find the primary influence of the affective complexes of the personality encouraged by eclipse (i.e. a weakening of rational control), in the form of exogenous or endogenous interpretations and of dream-like panorama. But nowhere do we find the simple, neutral, elementary discharge of a "true hallucination" obtruded into consciousness mechanically and, so to speak, "from outside." On the contrary, the hallucination seems to us particularly complex, and interpretative operations seem to be involved in it, so that we must decline to regard them as true hallucinations.³

Lévy-Valensi also writes, in his study of the non-ideational elements:

¹ In vol. ii we shall see that Pavlov's reflexological theory offers a neat and original solution of this difficulty. (D.)

² Ségla, "Une Amoureuse de prêtre," in *Journal de Psychologie*, vol. xix, year 1922, p. 731.

³ Claude, "Mécanisme des hallucinations," in *L'Encéphale*, May 1930, p. 357.

I cannot deny the existence of these events, but the importance attributed to them by the writer would seem to demand a careful search for them. I believe them to be rare. During the last seven months, I have inspected nearly every case of mental automatism admitted into the Asile Sainte-Anne, most of which came from the special infirmary; only two of them might have been classed under this head. One heard the sound *zzou-zzou-zzou*; the other was aware of a crackling behind his forehead, followed by the sound *groum*, *groum*.¹

We must add that *apparent* absence of ideation may be connected with a deep-seated complex. Clérambault never tells us whether he has used the psycho-analytical method to investigate the latent determinants of elements apparently non-ideational. It may well be that such determinants do not exist, but the point needs verification, and we have no reason to suppose that this has even been attempted.

It is clear that the writers we have just quoted would be even more definite in the assertion that ideo-verbal automatism is subject to "the primary influence of the affective complexes," in Professor Claude's phrase. Moreover, Dr. de Clérambault himself admits the existence of cases in which the voices are thematic from the start. We have already pointed out that there is no real distinction between athematism and non-affectivity, so that we can discuss the presence of these two qualities in the same paragraph. The thematism of the verbal hallucinations naturally calls for the same criticisms as the absence of ideation in non-verbal hallucinations. At this point, before speaking of real athematism, it is particularly necessary to be sure that the apparently absurd content of the ideo-verbal automatism is not governed by latent complexes. The psychiatrists who have taken the trouble to do this assert that such hallucinations are no more athematic than dreams. One of Dr. Hesnard's patients constantly heard the word *Valfleuri* repeated in his head. At first sight it may seem legitimate to speak of athematism, but let us examine the associations:

There is a castle, on an estate near P—— I used often to go there in the old days, when I was thirteen . . . I used to meet a friend of my own age there (blushing and tics). . . . He was staying in a house I used to visit there. . . . Later I had to abandon him because of his bad morals (tics), etc. . . .²

¹ Lévy-Valensi, *L'Automatisme mental, Rapport au Congrès des Aliénistes et Neurologistes de 1927*, p. 15.

² Hesnard, "Les applications de la psychanalyse psychogénétique des psychoses délirantes chroniques," in *L'évolution psychiatrique*, old series, vol. ii, pp. 52-3.

Dr. Hesnard finally discovered that his patient had for some months practised homosexuality with the friend in question. The same patient used to hear himself say *Napoleon reincarnated*, an apparently absurd phrase which was really connected with his most intimate affairs.¹ Let us imagine that this patient had passed through the special infirmary. He would have left with a certificate bearing some such formula as: "Athematic ideo-verbal automatism," after having been exhibited to the students as one more example in support of Dr. de Clérambault's theory. We have no wish to be satirical, but the discussion of ideas often calls strongly for treatment, not of personalities, but of methods of work. As we have said, psycho-analytical investigation requires an extremely long time—months and months at the rate of an hour's session a day. The special infirmary is a psychic clearing-house which must not be allowed to become congested. Bourget has related Dupré's remark to Poncet in this connection: "Think what I have to put up with, my dear sir. Every day they bring me real treasures! Treasures, I tell you! And I have scarcely time to hold them in my hands before they are taken away again."² Such being the conditions, the doctrinal orientation of the special infirmary school might almost have been deduced *a priori*. Service of this kind demands first and foremost a rapid method of diagnosis, so that observations may be taken and certificates drawn up. It must be recognized that Clérambault and his colleagues have been wonderfully skilful in resolving the problem thus set before them, but we cannot avoid adding that the special infirmary is perhaps the most unfavourable place in the world for sounding the depths of psychiatry.

Thought-echo has provided Dr. de Clérambault with one of his best arguments. It is clear that whereas the phrase repeated may be thematic, the fact of the generalized repetition applicable to all contents is the prototype of athematism. It seems no less clear that in such cases we must call in organic ætiology. Having accepted this without circumlocution, we have now to investigate whether echo is primary and frequent in the psychoses based on automatism. This is what Lévy-Valensi has to say on the subject: "This phenomenon demands special attention owing to its frequent appearance *at least on certificates*, its precocity, and finally the importance ascribed to it by Clérambault, who makes it the key-stone of his pathogenic theory."

"An echo" [Larousse tells us] "is the distinct repetition of a

¹ Hesnard, *Art. cit.*, pp. 59–60.

² Bourget, Preface to Dupré's posthumous work, P. I. E., p. viii.

sound." This means that the repeated sound may be strong or weak, more or less perceptible, but it must be neither distorted nor transformed. If I cry "*Vive la France*" in the vault of the Pantheon, and receive the answer "*La France est un glorieux pays*," I shall suspect a practical joker; now, though I may incur the reproaches of every practising alienist, I must assert that *true thought-echo* is rare.

Most of the large number of certificates issued by the special infirmary with the diagnosis "mental automatism," contain the echo among the list of symptoms; but an unbiassed examination of the patients shows us that our colleagues (no doubt for the sake of convenience) have used the term "echo" to describe one of the following elements, especially *thought-commentaries*.¹

Whereas thought-echo is athematic and of organic ætiology, thought-commentary can only be thematic and psychogenic.

We have now only to consider the solidarity of the various forms of automatism. Clérambault, it will be remembered, holds that the association of hallucinations is explained by organic causes and not by ideogenesis. Professor Claude has undertaken the criticism of this statement, and we need do no more than quote him:

The purely mechanical explanation of such an activity seems to us untenable. How can the automatic discharge of these "hallucinations" really set free representations which fit the patient's pre-occupations? And how do all the images aroused come to find themselves grouped in a single whole round a dominant complex? How, for instance, can the hallucination "vision of a dog" come to be associated with the hallucination "smell of a dog"? Yet this seems to be one of the characteristics of the states which exhibit "hallucinatory combinations," in which we find in conjunction not only "hallucinations" of the different senses, but whole series of representations with the same affective value. The words uttered, sounds heard, and visions seen, are found united in a single whole directed by a single affective reaction. This gives the patient the impression of a true "hallucinatory reality" similar to that which takes place in dreams.²

After our criticism of Dr. de Clérambault's system, we must find something to take its place. The psycho-analysts naturally use their fundamental schema: endo-psychic conflict, failed repression, return of the repressed in an automatic form, and attribution of the automatic phenomena to external action. The Freudians call the last mechanism *projection*; we shall have occasion to return to it when dealing with paranoia.

¹ Lévy-Valensi, *L'automatisme mental, Rapport au Congrès des Aliénistes et Neurologistes de 1927*, pp. 24-5.

² Claude, "Mécanisme des hallucinations," in *L'Encéphale*, May 1930, p. 356.

The mechanism of projection [writes Frink] is ordinarily one of defence. That which is perceived as of exogenous origin represents trends or ideas which are painful to the conscious personality of the individual and out of harmony with the ruling impulses of the foreconscious. A completely successful repression such as he might desire would drive them entirely from the sphere of conscious perception; projection represents an effort at repression which is only partially successful. Failing to accomplish obliteration of the disagreeable presentations, the repression does succeed in more or less completely preventing the recognition of their endo-psychic origin. The presentations are then seen as of external origin, not as manifestations of tendencies of the individual himself.¹

As we have so often observed, the psycho-analysts are usually inclined to neglect the semeiological point of view. Their description of projection seems to weld together the whole return of the repressed in the form of automatism, and the delusional judgment attributing this automatism to an external cause. But since they regard projection as a characteristic mechanism of paranoia, they must look upon it as an interpretative process.² *It would follow that paranoia proper contains projection only, whereas the paranoid psychoses contain automatism and projection.* This schema is very like Dr. de Clérambault's, but it differs from it in one vitally important point: automatism is not wholly somatogenic; it represents the return of repressed tendencies following a failed repression. We may notice here the exact difference between the psycho-analytical conceptions and those of Dr. de Clérambault. The Freudians rigidly distinguish the concept of *psychogenesis* from that of *consciousness*. They find not the least difficulty in granting to Clérambault that the discharge of the automatism in consciousness may give the patient the impression of a thunderclap in a clear sky. But that does not prevent them from asserting that the automatism, which was constructed wholly outside the patient's consciousness, has its main source in repressed affectivity.

We have stressed this point, for unless a careful distinction is made between the concepts of *psychogenesis* and *consciousness*, a serious misunderstanding may arise. Some thinkers seem to hold that if we grant that automatism is psychogenic, we destroy the very concept of automatism. This would only be true if *psychogenesis* meant *conscious reasoning*. But to premise such an equivalence is as much as to renounce the concept of the psychological uncon-

¹ Frink, M. F., p. 95.

² In his famous study of Schreber's paranoia, in which he develops the psycho-analytical theory of projection, Freud declines to dogmatize on the fundamental nature of the mechanism of projection. (D.)

scious. We are quite able, therefore, to follow Clérambault in recognizing the priority of the automatism in relation to the psychosis, as long as we may part company with him by asserting the psychogenic nature of the automatism.

Clérambault attributes the passage from automatism to delusion either to a paranoiac constitution, or to a need of explanation, or to a reaction of annoyance. Without denying the part played by these factors, the psycho-analysts regard them as wholly secondary. They can only be given the first place in cases in which a largely organic ætiology sets free a weakly thematic automatism. In largely psychogenic cases with a strongly thematic automatism, the delusional judgment attributing it to an exterior cause arises primarily from affectivity. The patient defends himself against the invasion of an automatism opposed to his ego-ideal by attributing it to someone else.

We have expounded and discussed Dr. de Clérambault's system of mental automatism at some length, because in France to-day it is the principal obstacle to the widespread acceptance of psycho-analytical theories of insanity. If the doctrine of the special infirmity be accepted, analysis loses nearly all interest in the field of the psychoses. It is true that some supporters of Dr. de Clérambault's theories, such as Dr. Heuyer, recognize that analysis still retains some interest in its explanation of the *content* of the psychoses.¹ It is a position somewhat like that of Minkowski, who holds that complexes may be able to fill up the pit which they could not have dug. We must however note that this solution is incompatible with the *full* recognition of Dr. de Clérambault's system. Analysis can only throw light upon the content of the psychoses because it depends upon an unconscious thematism. But the whole of Dr. de Clérambault's doctrine rests on the assertion of the essentially athematic nature of automatism. If we would maintain both the theory of organic ætiology and unconscious thematism of the automatic content, we must have recourse to Jackson's distinction between the positive and the negative aspect. Clérambault does not do this, so that the theory of organic ætiology leads necessarily to the paradox of athematism.

We shall now quote several cases to illustrate the psychogenesis of influence psychoses.

Ceillier gives a brief report of a highly typical example:

I have at present at Saint-Antoine [he writes] a patient whose amorous tendencies are very violent, but voluntarily suppressed,

¹ Heuyer, "A propos de la critique de M. Ceillier sur ce que l'on appelle l'automatisme mental," in *L'Encéphale*, June 1927, pp. 470-1.

partly for moral considerations, but more especially because her mother had been insane, and she does not want to have children who might inherit the taint. She is a virgin of her own free will, but at the cost of much painful conflict. She was a hospital nurse, and for the last twenty years she has intermittently felt herself to be under the influence of physicians. She has a very complete influence-syndrome, but it is in a continual state of fluctuation between obsession and delusion according as she does or does not recognize the real mechanism of her feeling of automatism.¹

This fluctuation between obsession and delusion is the interesting point in the case. As Lévy-Valensi observes, it is rather difficult to maintain that obsession is purely organic.² The supporters of Dr. de Clérambault's theory are much embarrassed by such examples of passage from obsession to delusion, and try to reduce the number as far as possible, by challenging the accuracy of the accounts published, or by premising the intervention of a new organic factor which might contrive, by means of the intervention of an independent mechanism, to set up a delusion of influence beside the obsession. Their opponents reply that this duplication is invented simply in order to save the system, and that there is no positive evidence for it. They add that Clérambault and his followers make far too free a use of the method of duplication. When "persecutory" tendencies are to be found in the voices from the start, the special infirmary school attributes them to a "paranoiac diathesis." When obsession turns into delusion, that school regards it simply as a coincidence. This hypothesis is acceptable when a chronic delusion follows obsessions. But in the case of Ceillier's patient who fluctuated constantly between obsession and delusion, it seems necessary to ascribe a positive efficacy to the suppressed instinct, even if we are prepared to recognize an organic element in the delusional attacks. Long before the present discussions on mental automatism and its ætiology, Janet had published some typical cases of patients halfway between psychasthenia and delusion of influence.³ Here is another example quoted from Ceillier:

M. Mon. was suffering from constitutional neurasthenia, aggravated by two war shocks and by influenza. He was a very indecisive patient, subject to doubts, scruples, and multiple obsessions, which needed verification, consolation and guidance. His

¹ Ceillier, "Recherches sur l'automatisme psychique," in *L'Encéphale*, April, 1927, p. 284.

² Lévy-Valensi, *L'automatisme mental*, Rapport de 1927, p. 45.

³ Janet, O. P., vol. ii, case-history 21, pp. 42-3.

semi-voluntary mental activity was extremely highly developed. He could not check the ceaseless flow of ideas through his head. While convalescing from influenza, in November, 1918, he found himself on a railway platform with his leave certificate in his pocket, but he could not make up his mind whether to go to Paris or not (his hesitation was explained by the fact that at that time he had doubts of his wife's fidelity). Then an interior voice began to mock him with the repetition: "He'll go, he won't go." From that moment he attributed all his automatic phenomena to influence. Psychic hallucinations became very frequent, and his mental conversation continued. He had the feeling of having lost his liberty, and that all his actions were directed. All the phenomena of mental automatism, very highly developed because of his psychasthenic state, were interpreted in terms of this influence. The slow improvement in this patient's condition was very interesting. At first he believed in the objective reality of his experiences, to such an extent that all the physicians who examined him thought him psychotic, and gave a most pessimistic prognosis. Then for a long time he remained uncertain about the mechanism of his disorders, sometimes believing in a real influence, and sometimes recognizing their true origin. At last, by means of active psycho-therapy, he contrived to subdue his delusional ideas completely, but he is still extremely psychasthenical.¹

In 1913 Séglas and Barat published a very interesting case of delusion of influence, of which we shall give a summary.² The patient Mme. Louise G., an elementary school teacher aged forty-four, was admitted into the Salpêtrière on 11 December 1911, after an attempt at self-mutilation. She had tried to cut off her right hand with a hatchet.³ She maintained that she had been impelled to this action by two opposite hypnotic influences: the one materialist, impelling her to evil; the other ecclesiastical, impelling her to good. She was still full of remorse at having made a sacrilegious Communion.

We learnt too that the dominion of these two opposite hypnotic influences over the patient was sometimes shown by hardly perceptible influences (e.g. she was prevented from waking up in the morning); sometimes by compulsions to commit a particular action, or to utter a particular word; sometimes by strange sensations felt in different parts of the body; and sometimes by words which she heard, not by ear, but in her head, and which transmitted to her the commands of the materialist, or the consolations of the ecclesiastical hypnotic influence.⁴

¹ Ceillier, "Les influencés," in *L'Encéphale*, June 1924, p. 375.

² Séglas and Barat, "Un cas de délire d'influence," in *Annales médico-psychologiques*, 1913, part ii, pp. 183-201.

³ Séglas and Barat, *Art. cit.*, p. 183. ⁴ Séglas and Barat, *Art. cit.*, p. 184.

This is apparently a clear case of delusions of influence.

Séglas and Barat note that their patient had an extremely vivid imagination. Her language was tricked out with metaphors and similes. Investigation into her past life brought to light the following facts: Louise was orphaned early in life, and brought up by nuns. The need of ecclesiastical direction was impressed upon her by her education. This need began to take definite shape at the first definite event in her sexual life. "She had taken part, half consenting and half passively, in the erotic pastimes of a sister older than herself; after which she was filled with remorse and went to confession."¹ Inspired with confidence by the advice given to her by the priest, she felt that henceforth she was supported and protected. Her imagination became over-excited during adolescence. When the nun in charge of her class told her that France had been lost by the Empress Eugénie, but would be saved by a woman, Louise prayed fervently that she might be given the heroine's part.

She would willingly have stayed in the convent, but circumstances forbade it, and at the age of twenty she married, without either enthusiasm or disgust, a young man whom she knew slightly,

and became a completely devoted and affectionate wife, though not at all ardent or passionate. She even seems to have been fairly indifferent to the realities of love, although two children were born, and she showed perfectly normal feelings towards them. Her life was therefore mainly happy and regular, when towards the beginning of 1911, she began to exhibit strange affective changes.²

Erotic compulsions developed in an insidious and progressive manner.

"I began to feel weak," she said, "and to have sensations I ought never to have had. . . . One day I said to my husband: 'I don't know what's the matter with me, but I can't pass a man without experiencing a sort of shock or shudder.'" This diffuse erotism could not fail to fix upon an object in time.³

When Mme. G.'s eldest daughter made her first Communion, each of the priests who had instructed her received a little present. One of them, the Abbé V.,

never said thank you. "I was offended," she said, "and took care not to meet him or to notice him again. That is probably why I felt myself attracted towards him." This attraction developed gradually within her, but at first it was not overtly erotic. It was a kind of sympathy which impelled her to seek out the Abbé V. and converse

¹ Séglas and Barat, *Art. cit.*, p. 185.

³ Séglas and Barat, *Art. cit.*, p. 186.

² Séglas and Barat, *Art. cit.*, p. 186.

with him. Notwithstanding, the patient had an obscure presentiment of danger, struggled against her dawning passion, and thought she would get rid of it by going away for a holiday.¹

Distance slightly improved her condition, but she still experienced vague uneasiness and anxious feelings,

the nature, or at least the origin of which she surmised, for she said to her husband, "I feel that if I could have a child I should be cured." Let us add, in order to give this sentence its true value, that for some months, owing to the very fact that he had observed her nervous state, her husband had entirely abstained from allowing her to run the risk of pregnancy, and that he continued this attitude until the end of the illness. In short, when Mme. G. returned to Paris in September, 1911, she was not yet exactly in love with the Abbé V., but she was in a most favourably predisposed state.²

When she saw the Abbé V. again, Mme. G. felt a kind of shock. She tried to struggle against her feelings, but in vain. "Once in passing before the abbé's house, and seeing his maid shaking a duster out of the window, she went in and up the stairs, without any knowledge of what she was going to do."³ About Christmas, 1911, she had to pay the abbé a visit. At one instant their heads were close together, and she could not prevent herself touching the nape of the poor man's neck with her lips. He looked at her in astonishment, but said nothing; she went home in a distracted state, and hurried to confession the next day.⁴

After being confined to her house for some weeks with an attack of mumps, she went back to church as soon as she was well. She was distracted by her meetings with the Abbé V. Her state of excitement grew more intense, and at last she had the following dream: She saw herself lying on her bed in an indecent posture; St. Anthony of Padua was beside her, and she asked him to bring her the Abbé V. He was standing somewhat apart, and making signs of refusal. The patient woke up in the act of committing an indecent action, and could not resist the temptation. Much distressed by her act, and unable to understand how she had got into such a state, she looked up "hypnotism" in a popular medical treatise. There she read that "it was a means used in convents to direct souls towards good, but free thinkers regarded it as a disease."⁵ Her delusion had found its theme.

From that moment the patient began to attribute her sexual impulses to "materialist hypnotic influence," and her good thoughts

¹ Séglas and Barat, *Art. cit.*, pp. 186-7.

² Séglas and Barat, *Art. cit.*, p. 187.

⁴ Séglas and Barat, *Art. cit.*, p. 187.

³ Séglas and Barat, *Art. cit.*, p. 187.

⁵ Séglas and Barat, *Art. cit.*, p. 188.

to "ecclesiastical hypnotic influence." She did not however regard the influences which she had to undergo as irresistible, and continued to feel herself responsible and to feel shame when she gave way to weakness.¹ By degrees she extended the field of her interpretations, and then voices were added to them.

This is not a case of true hallucinations [write Séglas and Barat] but of verbal pseudo-hallucinations: "It's in my head that it speaks to me," she said, "but it can't come from me, because I could not say to myself the things that I hear." The voices commented on her actions. Crushing a louse, she heard a voice say: "That's how to get rid of church-lice."² She was surprised and humiliated.³

She went to confession, but never managed to make a complete revelation; she went to Communion, and thought herself guilty of sacrilege. Her anxiety increased, and she was sent to the country.

Back once more in Paris, her disorders, which had been temporarily relieved, broke out again. She grew distraught, spoke of suicide, and made an attempt at self-mutilation. Then her family decided to send her to the Salpêtrière. When she arrived, she said she was quite conscious of the absurdity of her actions, but a belief in the reality of the double hypnotism persisted.⁴

Mme. G. accepted the fact that hypnotism had nothing to do with her case without much difficulty. During the anxiety attacks the delusional belief reappeared, but these became more and more rare. Having arrived on 11 December, the patient left again on the 24th, at her husband's request.

She returned to the Salpêtrière on 20 January, having twice in one morning opened the window in order to jump out and kill herself. Her anxiety state was the same as during her first admission, but the content of the delusion was completely different. The ideas of influence had given away to ideas of guilt.

Let the patient herself explain them: "I wanted to kill myself because I am a bad woman. I have tried since leaving to fight against the idea that the evil thoughts that came to me were due to outside influences. The evil thoughts still came back, but now I know that they come from me, although sometimes I am still uncertain."⁵

After a certain number of interviews, the patient was somewhat

¹ Séglas and Barat, *Art. cit.*, pp. 188-9.

² A common phrase in France for the good women who haunt sacristies. The English "church-mice" conveys rather too feeble an impression. (*Trans.*)

³ Séglas and Barat, *Art. cit.*, p. 190. ⁴ Séglas and Barat, *Art. cit.*, p. 191.

⁵ Séglas and Barat, *Art. cit.*, pp. 192-3.

reassured. At the end of a month she left the Salpêtrière, "resolved to rest for a time in the country, and to live in a new district when she came back to Paris."¹

This is the interpretation suggested by Séglas and Barat:

It appears comparatively easy to explain the genesis of the delusion of influence in this case. The patient was simply interpreting, by means of her delusional formula, actions and thoughts which did not seem to her to come directly from herself. The reasons why these conscious events appeared to her to be outside her own personality are here fairly clear.

Our patient was a good woman, pious and scrupulous, and passion developed in her like a form of parasite, without being accepted or assimilated by the conscious personality. Yet it determined acts, thoughts and dreams which were completely in harmony with itself, but completely discordant with her whole past life, and with all that her actual consciousness considered to be her duty.

There were therefore only two possible solutions to the conflict. If the acts and thoughts inspired by passion are not recognized as emanating from the patient's personality, they must emanate from another person. That is the basis of the delusion of influence.

But if those acts and thoughts are recognized as emanating from the patient's personality, that personality must have broken with its past, with its principles, habits and moral code; it must have become perverted and rotten. That is the origin of ideas of damnation.²

The progression from delusions of influence to delusions of guilt is therefore perfectly logical. Séglas and Barat remark that we might have expected to find the delusion of guilt established from the start; the orientation towards ideas of influence appears largely due to the reading of the article on hypnotism. This accounts for the insecure hold of the first delusional formula.³ The two writers also stress the fact that Mme. G. only exhibited psychic hallucinations, and not true sensory hallucinations. On the question of diagnosis, they point out that one might first have considered the possibility of delusion of influence, then of melancholic delusion.

But as it happened, our detailed analysis of the facts showed us that from the nosographical point of view, both these classifications would be inaccurate. Our patient's history is simply that of an amorous passion developed in a good, pious and scrupulous woman.⁴

I have chosen this example rather than others which I might have quoted from Freudian sources, because it constitutes an independent corroboration of the psycho-analytical views, for no one

¹ Séglas and Barat, *Art. cit.*, p. 194. ² Séglas and Barat, *Art. cit.*, pp. 195-6.

³ Séglas and Barat, *Art. cit.*, pp. 196-7. ⁴ Séglas and Barat, *Art. cit.*, p. 200.

could suspect Ségla's of having distorted the evidence out of sympathy for Freud's theories. The confirmation which Ségla's case gives us of the psycho-analytical concept of *projection* is really striking. The protective quality of this delusional mechanism is evidenced in the eruption of the ideas of guilt when the patient had abandoned her ideas of influence. Since the psychic conflict took place at the conscious level, its interpretation is obvious and raises no technical difficulty. Lastly, the case shows a clear preponderance of the *content* as against the *form*. As Ségla and Barat point out, it would be quite inaccurate to hold that Mme. G. passed successively through two different mental disorders. In a psychic history of this kind, we may say that the nosographical point of view is completely barren and even fallacious.

On one point, however, Ségla and Barat think they are in disagreement with Freud.

Another interesting aspect of this personality [they write about this patient] is the (at least apparent) richness of her affective life. We say "at least apparent," for never, at any rate until the last few years, has she given signs of any strong passionate tendencies, and the regularity of this life, when contrasted with the ardent desires she confessed to us, is not necessarily explained by "repression" of really powerful tendencies, but is perhaps as much due to the largely imaginative character of the latter.¹

I do not think that any psycho-analyst has ever maintained that every exacerbation of passion was due to repression. In the present case, we might regard it simply as an instance of the reawakening of the instinct found in many women at about the time of the menopause. Freud has no hesitation in invoking explanations of this kind.² But even Ségla and Barat's case contains details which no psycho-analyst would fail to quote in support of the theory that this is indeed an instance of discharge of a repressed instinct. The Freudian would in the first place stress the fact that in childhood voluptuous sensations had been experienced in the incident with the sister; the instinct had therefore been prematurely activated. Then he would pause at the patient's words:

My confessor seemed to have given me strength for my whole life. For example, in childhood I had been attracted by a little boy, and later I had the sort of ideas that all girls experience. But I always resisted them, saying "I won't." I was supported by the strength of prayer.³

¹ Ségla and Barat, Art. cit., p. 185.

³ Ségla and Barat, Art. cit., p. 185.

² I. L., p. 215.

The psycho-analyst would say that these admissions prove that the normal sexual instinct was present in the woman, and furthermore that she had developed against it a system of inhibitory reflexes over a period of years. Voluntary suppression is soon changed into automatic repression. Therefore Mme. G.'s indifference to the realities of love in her conjugal life seem to be, not a pure and simple deficiency of instinct, but the result of an inhibition which started by being voluntary, but ended by becoming automatic. Frigidity is not natural in woman, any more than impotence in man. As we can trace no somatic factor which might have occasioned it, we must consider the possibility of psychogenic inhibition, of which indeed there is sufficient evidence from the patient's account of her childhood and adolescence. This point of view, the psycho-analyst would continue, has the further advantage of re-establishing the continuity of Mme. G.'s history. Here we have a woman who has sexual impulses in her childhood and youth, who is later indifferent to the physiological realities of marriage, and who finally suffers a sudden access of passion after her fortieth year. Are we to say that her adult sexuality is not a continuation of her infantile sexuality? But if so, then the instinct cannot have been annihilated between the ages of twenty and forty. Why has it never been manifested? This prolonged latency can only be due to repression. There is finally, the Freudian would say, one very important point which Séglas and Barat do not even try to explain. Mme. G. fell in love with a priest, and not with just anyone. Do the recorders of the case regard this as fortuitous? or do they consider that the fact that the Abbé V. omitted to thank Mme. G. for the first Communion present is a sufficient reason for the patient's amorous fixation? We must not forget that from childhood the idea of the priest has been associated with that of the struggle against sexuality. The image of the priesthood was therefore linked to that of erotism by a strong association of contrast. It often happens that in such cases the repressor becomes coloured by the repressed; the weapon of war against sexuality becomes at last a sexual stimulant.

In and behind the agencies of repression [writes Freud] the material repressed finally asserts itself victoriously. A well-known etching by Félicien Rops illustrates this fact, which is generally overlooked and yet worthy of the keenest attention, more impressively than many explanations could; and he does it in the typical case of the repression in the lives of saints and penitents. From the temptations of the world, an ascetic monk has sought refuge in the image of the crucified Saviour. Then, phantom-like, this cross sinks, and, in its stead, there rises shining, the image of a voluptuous, unclad

woman, in the same pose as the crucifixion. Other painters of less psychological insight have, in such representations of temptation, depicted sin as bold and triumphant, near the Saviour on the cross. Rops, alone, has allowed it to take the place of the Saviour on the cross; he seems to have known that the thing repressed proceeds, at its recurrence, from the agency of the repression itself.¹

The psycho-analyst would conclude that Mme. G.'s love for a priest is the victorious return of infantile sexuality athwart the religious images of repression.

III. Paranoia

Could any types of insanity be more dissimilar than the catatonic and the interpretative? Yet a continuous series of transitional forms is to be found between dementia præcox and paranoia.

There is an ascending scale [writes Génil-Perrin] with no insuperable hiatus, from the most discordant and the least delusional hebephrenic-catatonia, characterized merely by affective indifference and automatic reactions, to delusional hebephrenia, in which the psycho-sensorial train and delusional manifestations begin to get the upper hand; thence to dementia paranoides, in all its immensely rich variations from delusional constitution and the more or less tardy and complete character of dementia, to the forms corresponding to the early French writers' "*démences vésaniques*" and Magnan's chronic hallucinatory psychosis.

Continuing the series still further, as one does with that of specific types in comparative anatomy, we find the demential factor gradually diminishing, and then we reach the field of Gilbert Ballet's psychosis.

Further yet, we find that our series divides into two: in the first, the delusional element disappears, and the psycho-sensorial element alone remains, the patient advancing no interpretations of his hallucinations (such cases correspond to Dupré's *hallucinoses*); in the other, the hallucinatory element disappears, while the delusional element persists (these are cases of *delusions of reference*).²

In the foregoing section we examined psychoses resting on the double basis of automatism and interpretation. We shall now leave the phenomena of pathological automatism, and concentrate on the purely reference psychoses.

When ideas of reference are superimposed on automatism, their

¹ G., p. 144.

² Génil-Perrin, *Les paranoïaques*, p. 141. We should incidentally mention that whereas "*hallucinoses*" gets its name from Dupré, it was first described by Séglas. (D.)

essential dependence on affective complexes is less obvious. We have seen that Clérambault maintains that delusional reaction to automatic phenomena proceeds either from paranoiac constitution, or from need of explanation, or from annoyance. We have stated the reasons why the psycho-analysts, while admitting that such factors may play a part, attribute primary importance to a psychic defence-mechanism called *projection*. Whatever be the solution adopted, it must be recognized that the question is difficult. Even if we support the psycho-analytical conception, we must admit that it is not self-evident, and that in most cases the primary role of affectivity in the psychoses based on automatism is not obvious. The situation is very different when delusional interpretation has the stage to itself. Pathological automatism having disappeared, the disordered judgment is found in a pure state. It then becomes extremely difficult to reject the theory which wholly subordinates it to affectivity. The writers most hostile to psycho-analysis generally agree on the affective ætiology of paranoia,¹ but they often restrict themselves to very vague explanations. The psycho-analysts have done much to determine current ideas by calling in the clear-cut concept of *projection*. We have defined the latter above, and must now examine a number of examples.

Let us begin with a case on the border-line of normality. One of Frink's cases, a widow of forty, was suffering from slight neurotic disorders shortly after the death of her husband. She lived in a suburb of New York. About a year after her loss, she felt a desire to move, and come to live in the city itself. She explained to Frink that in small towns the people were very malicious, and spent their time examining other people's conduct under a microscope. She was regarded as a "designing widow" anxious to entrap a second husband. Although quite ready to admit that small towns provided very good soil for the growth of gossip, Frink soon saw that the objective facts were not the real cause of his patient's complaints. Her married life had been rather unsatisfactory. Her husband had been very matter of fact, and had not been able to respond to her emotional needs. She had been unable to avoid thinking that after his death she might meet someone more romantic; moreover the need of sexual relations, of which she had been hardly conscious during her husband's lifetime, had become extremely pressing as soon as she was deprived of them. But loyalty to her husband's memory prevented her from a frank recognition of the true nature of her sentimental and sensual impulses. Not wanting to admit to herself that she was in search of a second husband, she professed

¹ Cf. Génil-Perrin, *Les paranoïaques*, pp. 165-74.

that her neighbours were unjustly accusing her of being a designing widow. Her changing house was an attempt to escape from her own ego, and naturally it brought her no relief.¹

Here is another mild case. A girl of eighteen was suffering intense pain on one side of her face. Her family doctor sent her to consult Frink to see whether the disorder was organic or psychogenic, and to undergo analysis in the latter case. Frink told the girl and her mother that the pain was not of organic origin. The patient was much annoyed at this, and very impolitely told Frink she despised him for not being able to trace the true cause of her illness. In the course of analysis, Frink learnt that the pain only appeared when the girl gave way to erotic day-dreams, and she never felt it at any other time; it lasted exactly as long as her reverie, and she could always put an end to it by changing her train of thought. The girl was a Catholic, and knew that if she admitted her fantasies in confession, the priest would tell her to give them up. She did not want to do this, and the pain was a compromise. It was at once a punishment for the forbidden day-dreams, and an excuse for continuing them and concealing them from her confessor. Thus the patient's annoyance with Frink is explained. In order not to admit to herself that she was making a foolish mistake about the real nature of her illness, she had to pretend that Frink was mistaken. The projection is found to be a defence against the erotic imaginations.²

Frink discovered a second defensive projection in the course of the same analysis. After a period of confidence, the girl became very hostile towards him. Frink found the explanation of this attitude when he learnt that the neurosis had broken out because her parents objected to a possible match. She imagined that her parents had sent her to Frink in order that he might obtain some influence over her and get her to renounce her intention. The more he told her that he was completely indifferent to any action she might take in the matter, the less she believed him, regarding his attitude as a Machiavellian trick. Here again the patient was attributing to Frink thoughts and feelings which originated simply in herself. She certainly wished to marry the young man in question, but on the other hand, she was much attached to her parents. Unwilling to recognize that her filial feelings were winning the day, and were gradually impelling her to give up her intention, she maintained that Frink was plotting to detach her affections from her suitor.³

The next case ended in distinctly delusional episodes. A woman student had suffered a series of attacks which all took place in the

¹ Frink, M. F., pp. 95-6.

³ Frink, M. F., pp. 97-8.

² Frink, M. F., pp. 96-7.

same manner. The situation began with an attraction towards one of her professors. She continually spoke of him, though without ever admitting that she was in love, and thence she proceeded to imagine that he was in love with her. At first she was delighted at the idea, but soon began to think that he was hypnotizing her, implanting erotic thoughts in her mind, forcing her against her will to masturbate while thinking of him, and sending her telepathic messages to come to his rooms and have sexual intercourse with him. She then fell into such a state of frenzy and excitement that she had to break off her studies. The attack grew gradually weaker, only to recur in connection with another teacher when the girl went back to her work.

It is apparent [writes Frink] that this patient's delusional ideas were nothing but a projection of her own erotic interests in her teachers. What she felt as an hypnotic or telepathic influence brought to bear upon her from without was simply an externalization of her own desires. Her anger against the teachers represented her pathological resistances against these desires. Presumably had she been able to regard her sexuality in a normal way, as something perfectly legitimate and wholesome, what appeared as delusional attacks would otherwise have been ordinary love affairs.¹

This case, in which the influence syndrome is so clear, seems to be exactly parallel to that of Ceillier's nurse mentioned above. It might have appeared more in place in the preceding section. We have reported it here because if it is compared with the two following cases of purely interpretative projection, it will be found to raise an interesting problem. This case may indeed be viewed from two different standpoints. It is perfectly plausible to class it as mental automatism: we should thus find first pathological automatism, *real* hypertrophy of phenomena normally independent of the will, and subsequently this hypertrophy would add the delusional conviction of exterior influence. It is just as plausible to suppose that the automatism has not crossed the border-line of the normal, and that the delusion is simply interpretative. Here we are again involved in discussion of Dr. de Clérambault's doctrine. In the present case Frink does not give us sufficient material to determine whether it is an instance of simple automatism, or of pathological automatism with interpretation superimposed.

It is to be noticed [writes Frink] that in these and in all other examples of projection the reaction against the ideas projected is really a part of the resistances causing the projection and thus a part of the repressing forces. Were it not for these resistances (these

¹ Frink, M. F., p. 99.

objections) to the presentation in question, the ideas would be frankly admitted and there would be no projection. Thus, had not the girl just mentioned felt that there was a reproach contained in the assumption that her malady was of psychic origin, she would have been relieved rather than angered that such was my opinion of the case, or she would have honestly recognized it herself.¹

This point of view has the great advantage of stressing the deep-seated unity of the psychosis, which appears to be wholly dominated by the affective complex. It is entirely applicable to the simply interpretative delusions, and undoubtedly even a delusion of influence may be exclusively interpretative.² This illustrates the difficulty found in certain cases in proving the real existence of the automatism. If we were to stress this aspect, we should end by completely denying Dr. de Clérambault's schema (automatism *followed by interpretation*), and entirely reabsorb the automatism in the interpretation. We have already said that the psycho-analysts were not forced to take this line. "Psychogenesis" has never meant "interpretation." Automatism may easily be rooted in affectivity, and none the less be classed from the semeiological point of view as a psychic hallucination, not reducible either to interpretation or to true or æsthetic hallucination. Furthermore, true hallucination may be partially psychogenic, and depend upon affective complexes. Nouet and Lautier have published an account of a most interesting case in which true auditory hallucinations, of a distinctly æsthetic character, were dominated by complexes. The hallucinations were undoubtedly sensory; the patient positively stated that she heard the voices with her ears. They were thematic, for they always concerned the patient's sexual life, and would for example say to her: "Would you like to come to Algeria with me?" or "Lesbian." They did not pass the hallucinosis stage; the patient was always clearly conscious of their pathological character. This fact makes her evidence extremely important, and precludes the reduction of her hallucinatory disorders to delusional interpretations.³

We have deliberately returned to the question of the relations between projection and automatism, because psycho-analytical works are very obscure on this point. There is a general tendency to exhibit contrary doctrines in an ultra-schematic form which makes all discussion futile. Questions should, on the contrary, be arranged in series. Psycho-analytical investigation of the affective roots of

¹ Frink, M. F., p. 98.

² Ceillier, "Les influencés," in *L'Encéphale*, May 1924, p. 298.

³ Nouet and Lautier, "Hallucinations auditives conscientes de longue durée," in *Annales médico-psychologiques*, February 1927, pp. 146-51.

psychoses is one thing; semeiological discussion of the relations between true hallucination, psychic hallucination and interpretation, is another.

In the following case, the delusional mechanism is purely interpretative, and we find ourselves back within the scope of indisputable paranoia. The father of one of Frink's hospital patients suspected his wife of infidelity. He was madly jealous of the host of lovers he attributed to her, and upset the whole household with his threats and accusations. As this man was not his patient, Frink could do no more than pity the family. At the same time he confesses that he could not help being slightly amused at the thought of the neurotic's wife (a sad, depressed Jewess, ugly and long past her menopause) playing the part of a Messalina in her husband's delusion. One day the man himself came to the hospital and Frink heard the explanation of the story. He had been impotent for the last ten years. This state of affairs had vexed him considerably, and he had projected his vexation onto his wife. She must surely, he thought, be unsatisfied; and elaborating this idea, he concluded that she was consoling herself with lovers. This conviction provided him with the grievance necessary to counterbalance that which he thought his wife held against him.¹

The next case is very like the last, but it does not go as far as delusion. A married woman continually suspected her husband of infidelity. Whenever he was a little late in returning home, she imagined he must have been at a rendezvous. Her principal evidence in support of this was the fact that her husband only had sexual relations with her once or twice a week, which could only be explained by his having them with other women. She said that she knew all about men, and was positive that such creatures could not do without sexual relations at least six or seven times a week. This fine reasoning disclosed the real motive of her accusations. Sexual relations twice a week was not enough for her, and left her to indulge in erotic day-dreaming and in desires for other men whom she imagined more passionate than her husband. But a frank admission of the true moral situation would have been too painful for her. She was one of those women who have been brought up to believe that coitus was simply a duty to which the wife must submit in obedience to her husband's sensuality. It was unthinkable, in her view, that a decent woman should experience sexual desires. Thus to admit that her husband was content with relations twice a week, and that he was faithful to her, would have been an implicit recognition that she was more sensual than he. Finding herself unable to ignore her own

¹ Frink, M. F., pp. 99-100.

sexual impulses completely, or to accept the idea that she was more given to pleasure than her husband, she had to accuse him of infidelity.¹

Frink's five examples are taken from border-line cases. Bjerre has published an interesting account of a case of interpretative delusion which lasted ten years.² An unmarried woman aged fifty-three came to consult him in 1910, with the request that he would improve her nervous state and also help her to resist her persecutors. She was very astonished that Bjerre did not know of the persecution directed against her, and made up her mind to tell him about it. She was followed everywhere. She recognized her pursuers by their secret code of signs. They put out their tongues at her. Their leader was the cashier of the office in which she worked, and he was a real devil. Everything she did was spied upon by educational authorities and by journalists.

The persecution arose from the fact that, in her desire for a full woman's life, she had had a liaison. She had in consequence been outlawed by society. She had first been a member of the teaching profession, and later a journalist. She had noticed the first signs of persecution in 1899, in a city which she had visited with her lover. On her return to Stockholm, she saw that the same code of signs was known there.

She was in good physical health. In 1908 she had undergone an operation for removal of the uterus and of the right ovary. Her family history was heavily loaded. Her grandfather had been the natural son of a count known as "the mad —"; he had suffered from hypochondria. The patient's father had been the result of an affair with a peasant-woman. He was intelligent, but eccentric, and always at odds with the world. All the father's half-brothers and sisters were abnormal. On the mother's side there was nothing to record. Five of the patient's twelve brothers and sisters had died young. The survivors were all more or less psychopathic.

The patient expressed herself logically. She seemed intelligent, and her judgment on questions outside the scope of her delusion was good. Her ideas of grandeur were connected with her success as a teacher and as a journalist. Except for the emotion aroused in her by the account of her history, her affectivity was normal. She was quite capable of continuing her work; the only result of her illness was that she quarrelled with those around her.

¹ Frink, M. F., pp. 100-1.

² His memoir appeared in the *Jahrbuch für psychoanalytische und psychopathologische Forschungen*, vol. iii, pp. 795-847. Dr. Dalbiez makes use of the summary published in *The Psycho-analytic Review*, vol. viii, No. 4, October 1921, pp. 438-43.

Bjerre diagnosed chronic paranoia in Kraepelin's sense;¹ we should call it systematized persecution-mania with an interpretative basis. He gained his patient's confidence by not showing the least scepticism about her statements. Thus he induced her to give him a detailed account of her life. Her father had always behaved as a stranger towards his family. She admired his intelligence. She was devoted to her mother, and owed her all her happiness. When she was a child, she had had such a powerful imagination that she could not distinguish between fantasy and reality. She was particularly fond of one of her sisters, who was two years older than she was. At quite an early age they had made a compact never to marry, but "to marry each other." At the age of eighteen the patient read an advertisement in a paper, as a result of which she began a correspondence with an unknown man which lasted twenty years. Though she had never seen him, she felt herself so bound to him that she could never marry anyone else. When she saw him for the first time, at the age of thirty-eight, she thought him very plain, and found out that he was in love with her youngest sister. This deception considerably embittered her.

She had entered the teaching profession at the age of twenty-three, and kept her post for fifteen years. She was highly thought of, but did not care for the work. When her romance by correspondence ended, she took to journalism for two years, and later became interested in insurance. She travelled a good deal, made many friends, and took an active interest in feminism.

Bjerre attached great importance to the fact that his patient's career had not suited her, and beside this cause of discontent he set the lack of sexual satisfaction.

At the age of forty-three she had had sexual relations with a man. She was well aware that she was not in love with him, but she wanted to live a complete woman's life. It was then that she noticed the first signs of persecution.

Bjerre noticed that his patient never dwelt long on any particular incident. Every attempt to fix the conversation ended in incoherent chattering. She told him that she had never thought with her intelligence, but with her emotions. Gradually Bjerre contrived to accustom her to concentrating her thoughts upon the event she was relating.

She explained to him that in the course of her liaison she was once sitting beside a richly dressed woman, and saw that all the

¹ "Neither Freud nor I," writes Ferenczi, "believe this to be a true case of paranoia." Ferenczi, "Quelques observations cliniques de cas de paranoia et de paraphrénie," in *Revue de Psychanalyse*, vol. v, No. 1, p. 104, etc. Freud and his followers are generally very pessimistic as far as the psycho-analytical treatment of paranoia is concerned. (D.)

men who passed by this woman put out their tongues at her. Not long afterwards she was horrified to observe that they were doing the same to herself.

Bjerre told her that no doubt the insulting gesture she had seemed to see addressed to the woman was really only a smile, and that later, identifying herself with the woman, she had believed that she had been the object of the insult. But he suggested this interpretation in a most hesitant fashion, and carefully avoided all direct contradiction. He asked the patient if the tongue held any painful associations for her, and she then remembered that she had seen a madman shouting and putting out his tongue.

On her return to Stockholm, the patient realized that her story was known, and that she was universally shunned. She declared that two newspapers had published articles against her. When Bjerre examined them, he pointed out that they did not refer to her.

She then told him that her worst enemy, the cashier, had driven another employee to suicide (an extremely doubtful fact), and that he was now concentrating all his energies on her. Bjerre again suggested that she was identifying herself with the woman.

Treatment lasted for seven weeks, at the rate of a session every other day, and had no apparent result. Nevertheless Bjerre was sure that doubt of the reality of the persecution had entered his patient's unconscious. He decided to try more direct action. He asked the patient for permission to consult one of her persecutors, the family doctor. She gave it to him, and eagerly awaited the result. Bjerre gave her an account of his interview, and in the end told her that her supposed enemy was quite unaware of the persecution, and was sure that no one had ever thought or said any evil of her. The patient was dumb with surprise. Following up this success, Bjerre told her that she must be mistaken, and gave reasons for his interpretation in each instance. Instead of laughing, the patient listened to him with astonishment.

Soon after, she recalled an incident which had until then escaped her memory. At the age of eighteen she had paid a secret visit with her sister to a friend who had once had a clandestine love-affair. She had been deeply impressed with the need for secrecy.

Another incident had had a great effect on her. One of her friends had been charged with having killed her love-child. Although able to prove her innocence, the scandal had forced her to leave Sweden. The patient had always regarded this story as a real attack on woman's right to live her own life.

After these admissions, Bjerre succeeded in proving to his patient that for ten years she had been identifying herself with her friends.

The necessity of concealing her own liaison and the fear of pregnancy had ended in ideas of persecution.

From that moment the patient improved rapidly. The assurance given her by another of her persecutors, an old friend, that he knew nothing whatever of any pursuers, removed the last obstacle to complete cure. The patient was able to re-establish relations and adjust herself to reality.

As far as the ætiology of this case is concerned, Bjerre relies on Bleuler's views. The paranoia thus appears as the result of both a constitutional predisposition and of a series of experiences elaborated by Freudian mechanisms. Constitutional predisposition explains why the particular patient becomes paranoiac. The examination of complexes shows how the latent tendencies have become realized. In this case morbid heredity is particularly evident.

Bjerre attaches great importance to the part played in his patient's history by more or less unconscious homosexual tendencies. Her devotion to her mother, and her preference for her sister so marked that she resolved "to marry her," her identifications of herself with friends of her own sex, and her championing of feminism, all point to this.

If we accept this theory, we can explain the dissociation of the sentimental and sensual components of the instinct, which have never been harmoniously fused in the patient. During the period of love by correspondence, the sentimental component completely won the day, and she gave up masturbation. After the overthrow of sentiment, the sensual component again began to prevail. The patient again took to masturbation, and then to sexual relations with a man with whom she was not genuinely in love. Why was this woman incapable of experiencing the emotion of love and genital sensations simultaneously? For the reason, no doubt, that an instinctive and premature repression of her homosexual tendencies only allowed them to appear in consciousness in a platonic form.

Since her heterosexual relations only gave the patient purely physical satisfaction, her sentimental identifications with her friends of the same sex continued to increase. Since those friends were women in revolt against social morality, she necessarily found herself thrust into a querulent attitude towards the established order. Lastly we must indicate an aspect of the problem which Bjerre does not stress, but which an orthodox Freudian would no doubt bring well to the fore. When the patient made up her mind to indulge in illicit sexual intercourse, psychic conflict must certainly have taken place within her. Whatever may have been her personal convictions on moral questions, a part of her must have raised a protest. That pro-

test was stifled. The patient refused to incorporate the generally accepted laws of morality in her personality, but she cannot have erased all trace of them from her psychism. Thus she attributed to others the adverse judgments which, in spite of herself, she was passing on her own conduct. Here again we find the fundamental paranoiac mechanism of defensive projection. Bjerre's patient's persecution mania is no more than an exteriorization of an unconscious guilt-sense.

The examples we have given enable us to appreciate the divergence between psycho-analytical and conventional ideas on paranoia. Orthodox psychiatry insists almost exclusively on the hereditary factor in its ætiology, and, as far as prognosis is concerned, on its incurability. We may appreciate this pessimistic leaning in Génil-Perrin's lately-published work, *Les paranoïaques*. There are however many objections to this fatalistic theory.

The first of these objections arises from bouts of delusions of reference. In certain patients we find obvious disorders of reference, unaccompanied by any hallucinatory symptom, and perfectly curable. It is clearly important to discover whether these "bouts of delusions of reference" are semeiologically distinguishable from chronic paranoia. Sérieux and Capgras seemed to believe, although diffidently, that this distinction could be made.¹ Génil-Perrin appears to have finally discarded the possibility:

We dare not say [he writes] that a minute analysis of the symptoms will lead us to one prognosis rather than to another, for by definition these cases constitute a kind of residue obtained by the elimination of all interpretative syndromes which can be connected, closely or otherwise, with a definite ætiological origin or with any other morbid classification. Let us, then, simply and solely note the possibility that such things may exist, and let us bear it in mind in order to be doubly cautious in our prognosis, when we see a patient suddenly exhibiting ideas of reference, without any markedly paranoiac history.²

If "bouts of delusions of reference" are semeiologically indistinguishable from chronic paranoia, it is rather forced, as Génil-Perrin points out, to speak of the incurability of paranoia.

In principle [he writes] there is no end to interpretative delusion. It lasts for ever. Of course this rule is only true if confirmed interpretative delusions are distinguished from the transitory interpretative episodes of degenerates, with which we deal elsewhere. Thus it

¹ Sérieux and Capgras, *Les folies raisonnantes*, pp. 269-71.

² Génil-Perrin, *Les paranoïaques*, p. 128.

becomes almost tautological to say that interpretative delusion lasts for ever, for only chronic cases are thus classified.¹

When confronted with bouts of delusions of reference, the orthodox theory has to confess failure. A number of writers have tried to carry research further. They have found—and this is a second objection to the fatalistic theory—that such bouts may quite easily be motivated. The patient does not always begin with an absurd assertion; often it is not until after a long series of affective shocks, whereby he has been rendered more and more sensitive, that he succumbs to delusion. Clerc and Picard have lately published accounts of three cases which suggest the curability of interpretative delusions.² Nor are they slight, harmless delusions, for two of the cases involve attempted murder. After recording their observations (which we have not the space to summarize), Clerc and Picard write:

Such are the cases. Since the clinical picture did not include hallucinations, the diagnosis of delusions of reference was indicated. In spite of their favourable course, we were able to eliminate all toxic or infectious causes which would have marked them as ordinary symptomatic delusions. In two cases, the menopause, and in the other, long-standing syphilis with mild diabetes, might have disturbed a delicate organic balance; but superimposed and partly legitimate emotions seem to us the primary explanation of cures, one of which has now subsisted for thirteen years. We regard as more remarkable the constitutional psychological peculiarities upon which these delusions were based. Our patients do not at all fit the classical type of paranoiac constitution, the principal characteristics of which are pride, suspicion, faulty judgment and rigidity.³

Clerc and Picard's last remark is a third objection to the fatalistic theory, which substantially holds that true interpretative delusion is nurtured on paranoiac soil, this morbid constitution being defined by the four aforementioned characteristics, forming the "paranoiac tetrad." Several well-known psychiatrists, including Bleuler, Adolf Meyer and Kretschmer, have protested against this schematism. These three writers make extensive use of the data of psychoanalysis, although not one of them is strictly speaking a Freudian. We have already pointed out that Bleuler gives an important place to "Freudian mechanisms" in the ætiology of delusions of reference. Adolf Meyer follows a similar line, having published several accounts

¹ Génil-Perrin, *Les paranoïaques*, p. 80.

² Clerc and Picard, "Sur trois cas de guérison de délires interprétatifs sans prédispositions paranoïaques," in *L'Encéphale*, May 1927, pp. 344-53.

³ Clerc and Picard, *Art. cit.*, in *L'Encéphale*, May 1927, p. 350.

of psycho-analytical cure of delusional patients.¹ But Kretschmer seems to have made the most important contribution to the problem of paranoia. In his work *Der sensitive Beziehungswahn*, which is beginning to be known in France, he undertakes the task of dissection of the composite mass of interpretative delusions. Besides patients of clearly paranoiac constitution he describes hyper-emotional patients of a very different psychological type, viz. *sensitives*.

Sensitives, as their name implies, are characterized by an "extreme hypersensibility," as also by a certain incapacity to express, and hence to discharge, their affective states.

They lead a very intense affective life, and retain their emotions under high pressure in the depths of the psyche.²

This *affective stasis* ends in the formation of conscious complexes.

Thus, a painful experience, for instance, cannot be forgotten for a very long while and yet fails to vent itself in expression; in consequence it continues to force itself into the focus of consciousness again and again.³

If the endopsychic hypertension "reaches a certain height, it regularly leads to the *projection of affect*. The sensitive then sees the whole world as though it were coloured by traces of the same emotion which in reality only torments him inwardly."⁴ The internal experience most apt to provoke sensitive manifestations is that of humiliating insufficiency, and especially that of moral defeat. Kretschmer holds that sex-complexes—particularly the secret habit of masturbation against which the person struggles in vain with great moral fervour—are the principal source of these feelings of humiliating insufficiency. When the psychic tension becomes too strong and ends in a projection of affect, the patient ends by having

a feeling that his humiliation must have become notorious, that everyone knows about his painful experience, that people in the street turn round and look at him when he passes, and grin and make signs. He detects veiled allusions to himself in harmless everyday conversation, even in the newspapers.⁵

Here is an example of persecution-mania with sensitive basis, quoted verbatim from Kretschmer's text:

¹ Cf. Henri Flournoy, "L'Enseignement psychiatrique d'Adolf Meyer," in *Archives de Psychologie*, vol. xx, pp. 137-42.

² Kretschmer, T. M. P., p. 200.

⁴ Kretschmer, T. M. P., p. 201.

³ Kretschmer, T. M. P., p. 201.

⁵ Kretschmer, T. M. P., p. 201.

An unmarried engine-driver who masturbated largely and had also made his brother's wife amorous advances which had been indignantly rejected, imagined thereafter that his mates were increasingly wont to spy on him at night through the window. He found what he believed to be the marks of tools on the lock of his chest which he supposed had been rummaged by his mates in search of indecent books and seminal stains on his linen. On all sides he heard pertinent remarks of his brother referring to his erotic overtures, and cynical gibes by his mates about his masturbating. He quarrelled with all his intimates, felt himself betrayed and rejected by everyone. After the progressive development of his delusions over a period of years, he made an attempt at suicide. This led to the discharge of the pent-up affect and frank confession to the doctor in charge of the case.¹

The suicidal reaction which formed the climax of this case is quite typical of the sensitive; a paranoiac would undoubtedly have turned towards a homicidal reaction. The sudden end of the delusion and the confession to the doctor are no less typical; nothing of this kind is to be found in true constitutional paranoiacs.

Kretschmer's researches lead him to make a radical distinction between *interpretative delusion* and *paranoiac constitution*. It is true that the existence of symptomatic interpretative delusions and of bouts of delusions of reference was known prior to his work, but it was believed that all the "essential" interpretative delusions were based upon paranoiac constitution. Kretschmer's originality has been to show that there are two types of "essential" interpretative delusion: first the classical type, which we may call paranoiac interpretative delusion; and secondly the type for the discovery of which he must himself take the credit, viz. sensitive interpretative delusion.

In this section we have quoted various cases of interpretative delusion which have evolved favourably under, or even yielded to analysis. We must be very careful not to take this as a general rule. Freud and his followers lay it down as an axiom that their therapeutic method is meant to apply to the neuroses and not to the psychoses. In 1918 Freud wrote: "These patients, paranoiacs, melancholics, and those suffering from dementia præcox, remain on the whole unaffected, proof against psycho-analytical treatment."² In 1925 he was rather less pessimistic: "Analysis has achieved undoubted successes with cyclical depressions, light paranoiac episodes, and partial schizophrenias."³ He none the less still maintains the principle that *therapeutic* analysis generally has no effect on insanity. Favourable cases are the exception, and interesting in proportion to their rarity.

¹ Kretschmer, T. M. P., p. 202.

² J. L., p. 366.

³ A. S., p. 111.

IV. Manic-Depressive Psychosis

Psycho-analysts have paid less attention to the manic-depressive states than to schizophrenia, the hallucinatory psychoses or paranoia. The accounts of cases which I have read seem to me peculiarly nebulous.¹ Since our aim in this first volume is to state systematically all that can be said in favour of analysis, so as to prepare the way for discussion, I think no useful purpose would be served by giving summaries of these obscure cases. I shall simply quote two case-histories from Stekel. From the point of view of the symptomatology of the manic-depressive psychosis, they are no doubt atypical, but in both it is easy to unravel the skein of psychogenesis, and that is the important point for our present purpose.

Mme. J. L., aged forty-five, came to consult Stekel for palpitations and insomnia. He diagnosed anxiety neurosis, which he attributed, at least in part, to his client's practice of coitus interruptus. After some vicissitudes, her condition improved considerably after a month's stay in a hydro. This improvement was maintained for some time, and then there was a sudden relapse. Stekel suggested that Mme. L. should return to the hydro which had done her so much good, but she flatly declined to go, showing signs of great emotion. He therefore sent her to a different establishment. After a week, she returned much worse; she was agitated and disturbed, and could not keep still. She did not sleep at night, and gave a great deal of trouble to those who attended her. She became violent, struck her husband, and wanted to strike the servants. Moreover she began to exhibit a pathological avarice. Her husband explained to Stekel that his partner had caused him to suffer a heavy loss, but that he still had enough money to live without working. Mme. L.'s condition went from bad to worse. She became slovenly in dress, refused to eat, and at last begged Stekel to give her a dose of some poison that would kill her quickly. When he tried to soothe her, she rushed at him and struck him in the chest. Next day she tried to jump out of a window; she was stopped in time, but some days later she escaped the attention of her attendant and injured herself severely with a fork. It was then decided to send her to an asylum. She refused all food, and had to be forcibly fed. For days on end she would not speak, staying curled up in a corner. When her husband came to see her, she seemed to rouse herself, and begged him to take her back, promising to remain calm. Her husband con-

¹ I may quote as a specific example: Lucile Dooley, "Analysis of a case of manic-depressive psychosis," in *The Psycho-analytic Review*, January 1918, pp. 1-46.

sented. By administering heavy doses of opium, Stekel contrived to allay his patient's anxiety slightly. She had better nights, and consented to take food.

Then Stekel tried to discover the psychogenesis of the attack. Some of his patient's words made him think that her husband's partner had had something to do with the outbreak of the psychosis. Once she said to Stekel: "That man was a daily guest of ours, and yet he deceived my husband disgracefully." The husband explained to Stekel that the partner was a young man to whom he had thought of marrying his daughter, and whom he used to entertain every day. They had started a factory together, but after some time, the partner had said that they were on the verge of bankruptcy. M. L. withdrew from the venture, and his partner had promised to repay the capital involved by instalments. Shortly afterwards he had married a very rich widow, and the factory, which had never been threatened with bankruptcy at all, progressed rapidly. M. L. had recovered from his misfortune, especially since he had regained his capital, but his wife was mad with rage. This gave Stekel to suppose that she had been carrying on an intrigue with the partner. One day his patient, under the influence of opium, was in a more confiding mood, and Stekel asked her directly what there had been between her and the partner. She confessed that she had made his acquaintance during her stay at the hydro; she had become his mistress, and it had been terribly painful to her to see her husband, who had come to have dealings with the man through her introduction, planning to make him his son-in-law. She had tried to avert the design, while pressing her husband to take the young man as a partner in his business ventures. She was madly in love with him, and gave him all her savings. Thus, when he brutally left her for another woman, after having become sole owner of the factory by means of a number of lies and malpractices, she suffered a severe emotional shock. She was unable to confess the true reasons for her despair to her husband, and thereupon the psychosis broke out.

This explanation made the various symptoms easy to understand. The impulses to strike those around her were an aberrant discharge of her rage against her ex-lover. Her pathological avarice was a compensation for her past extravagance. Her attempts at suicide were no less easy to explain.

This confession to the doctor brought about an astonishing improvement. After two years she was still mean and parsimonious, but not in a strictly pathological sense. Ten years later, the cure was complete. Her husband died, and Mme. L. married a young man.¹

¹ Stekel, C. N. A., pp. 360-4.

Here is another case of Stekel's closely resembling the former. Stekel was called one evening to attend Mme. K. B., whom he found in the throes of a violent anxiety attack. When he came in, she cried out that black men were after her, and that she would not let herself be caught. He had great difficulty in calming her. The next day, she asked him to give her poison in order to commit suicide.

Stekel already knew the patient, who had come to consult him six years before. She was much younger than her husband, and was greatly distressed by his complete impotence which had followed an attack of apoplexy. She also showed slight symptoms of Grave's disease. She engaged in a liaison with a young music teacher, whom Stekel calls Adolphe. Then her husband fell ill, languished for two years, and died. Two months after his death, Mme. B. had the above-mentioned severe anxiety attack.

Stekel knew that her late husband had been a comparatively rich man. Having remarried as a widower, and having a daughter surviving from the first marriage, he had divided his fortune equally between his daughter and his second wife. Stekel was therefore much surprised to find that Mme. B. showed signs of pathological avarice. He had to assure her that he would not ask a penny for his treatment, and that the chemist would supply medicine free of charge. Only on these conditions would she allow herself to be attended.

Stekel soon saw that the patient was suffering pangs of conscience. In an anxiety attack she disclosed that she had considered marrying Adolphe after her husband's death, but Adolphe had married another woman shortly before. A few days after this admission, the patient tried to poison herself; Stekel managed to set her right again. She ran into the street in her chemise, and tried to throw herself under the wheels of a tram, but her attendant reached her in time. Then her old father and her daughter-in-law decided to send her to an asylum, where the doctors diagnosed manic-depressive psychosis. When her daughter-in-law came to see her, she wept and tried to kiss her feet. Stekel was present at the interview, and told the patient that her husband's will had been opened, and that she had inherited enough money to live on. This information had a most salutary effect upon her.

Stekel knew that the husband had been very rich, and had been surprised at the modest portion of his capital which M. B. had left to his wife. Later he learnt that during her husband's life-time, Mme. B. had had a part of her husband's fortune made over to her, and had deposited another part in her parents' keeping. By means of this operation, the daughter-in-law had lost three-quarters of the

amount that should have come to her. This, then, was the explanation of the patient's attitude to her daughter-in-law, and also of the anxiety attacks. Mme. B. dreaded discovery and arrest. When she knew that probate had been obtained without incident, thanks to her daughter-in-law's conciliatoriness, a load was taken off her mind, and her condition improved rapidly.

But a new tragedy was about to take place. After some weeks of tranquillity, Mme. B.'s condition again became worse. Her sole interest was in parsimony. Then Stekel boldly came to the point. He told Mme. B. that he had understood her psychic conflict. She burst into tears, and confessed her remorse at having defrauded her daughter-in-law. Stekel suggested that after she was cured she should make an arrangement with her daughter-in-law by private deed whereby she made her her sole residuary legatee. The patient accepted the idea gladly, and improved so astonishingly that she was able to go out, visit friends, and make purchases.

Six weeks later she relapsed. The anxiety attacks reappeared, and the patient showed signs of extreme indecision. Having given up the lease of her flat, she begged the landlord to renew it. When he consented, she wanted to give it up again. She changed her mind twenty times a day. She took a new flat, and gave notice while moving in. Her condition deteriorated still further. She threatened her old father with a large kitchen knife, and struck him. Once more, she had to be put in the asylum, where she concealed her disorders so skillfully that she was soon discharged.

Stekel could not understand the turn the illness had taken, until a painful scene at which he was present disclosed to him the underlying reason. The daughter-in-law had meanwhile married. Her husband pressed Mme. B. at once to execute the will which was to provide for the return of the fortune to the legitimate heiress. Mme. B. might die at any moment, and if she died intestate, her daughter-in-law would be wholly defrauded. Stekel imagined that Mme. B. would be glad to accept the proposal, but to his great surprise, she refused. Then Mme. B.'s old father exclaimed: "Who is my daughter's heir? The heir can be no one but the father. I will not allow any new will. Here is a will, and in it I am named as residuary legatee."

This outburst made everything clear. Mme. B. had regained her peace of mind when she had decided to restore to her daughter-in-law what she had taken from her. But her father had intervened. At first Mme. B. had resisted him, but at last she had given in. Naturally she had been immediately seized with remorse and despair. The daughter-in-law was unwilling to carry the matter to law, but broke

off all relations with Mme. B., whose condition continued to grow worse, until one day she was found hanging from a beam.

Without refusing to acknowledge the part played by organic factors, especially by Grave's disease, Stekel thinks that psychic factors played a large part in the development of the mental disorders exhibited by Mme. B. An outside observer of the psychosis might have believed in a periodicity due to organic causes. But in reality the appearance of the symptoms as well as their meaning was conditioned by the psychic conflict. The patient's curious hesitation about moving house was simply the effect-sign of her hesitation about returning the money she had misappropriated. Her mental disorders similarly had an evolution parallel to her family affairs. At the end of his account of the case, Stekel declares that he has often deeply analysed melancholics, and that he has always succeeded, with more or less difficulty, in discovering the psychogenic root.¹

Freud has tried to abstract the fundamental mechanism of psychogenic melancholia, and invokes identification to aid him.

We have perceived [he writes] that the self-reproaches with which these sufferers torment themselves so mercilessly actually relate to another person, to the sexual object they have lost or whom they have ceased to value on account of some fault. From this we concluded that the melancholic has indeed withdrawn his Libido from the object, but that by a process which we must call *narcissistic identification* he has set up the object within the *Ego* itself, projected it onto the *Ego*. I can only give you a descriptive representation of this process, and not one expressed in terms of topography and dynamics. The *Ego* itself is then treated as though it were the abandoned object; it suffers all the revengeful and aggressive treatment which is designed for the object. The suicidal impulses of melancholics also become more intelligible on the supposition that the bitterness felt by the diseased mind concerns the *Ego* itself at the same time as, and equally with, the loved and hated object.²

The Freudians themselves do not all accept this schema, so that we feel it unnecessary to comment upon it. Nor shall we refer to the Freudian interpretation of mania, which is in terms of an outcropping of narcissism. French writers who have dealt with psycho-analysis have paid all too much attention to its theoretical aspects—though in this they have no more than followed the German lead. The interest of psycho-analysis lies not so much in the systematic edifice as in the hidden events and relations which the method enables us to bring to light.

¹ Stekel, C. N. A., pp. 364-9.

² I. L., pp. 356-7.

CHAPTER VII

SUBLIMATION, ART AND RELIGION

In the foregoing chapters we have examined the psycho-analytical explanation of the lower psychic formations (failed acts and dreams), and of morbid psychic formations (neuroses and psychoses). We have seen the immense importance which Freud assigns to the sexual instinct in the elaboration of these various mental products. We must now ascertain what interpretation Freud suggests for the higher psychic formations, and what part he thinks is played by the sexual instinct in their genesis and development.

Freud has only applied his psychological hypotheses and schemata to two of the problems concerning the higher psychism: that of art, and that of the origins of human morality and religion. He has given us no detailed account of his views on science and philosophy.

We shall therefore divide this chapter into three sections, entitled Sublimation, Art, and The Origins of Morality and Religion.

I. Sublimation

Freud and his followers define sublimation as the capacity to substitute for the primary sexual aim another, non-sexual aim, which is genetically related to the first.¹ Pfister remarks that sublimation brings no new psychological mechanism into play, but simply connotes that the final product has a higher value.²

As we have observed in the foregoing chapters, psycho-analysis wholly consists in regarding the various conscious psychic states (failed acts, dreams, neuroses and psychoses) as *effects* and as *signs* of unconscious psychic states. In the instances we have just quoted, the effect-signs are inferior to their causes; but when sublimation takes place, they are superior to them. This naturally raises a considerable difficulty, and later we shall point out the solutions proposed for it by the various psycho-analytical schools.

In order to obtain a better idea of the nature of sublimation, let us first summarize a case in which the psychic product emanating

¹ P., p. 217; T. C. S., p. 39; I. L., p. 290; Jones, P. P., p. 603.

² Pfister, P. M., p. 311.

from the sexual instinct is no longer a neurotic symptom, but has not yet become sublimation.¹

One of Moll's patients experienced great excitement, at the age of five, on hearing a conversation about punishment and whipping. At about the age of nine he began to play symbolic war-games (*Kriegsspiele*) with a companion. He used to play the same games when alone, making such objects as pieces of paper, matches, etc., stand for the opposing side in the conflict. "Both then and later, X. used to take great pleasure in reading learned descriptions of battles, dealing only with divisions, brigades, regiments, etc., which other people would have found very dull."² At the age of ten or eleven, these war-games took a cartographical turn. X. used to draw plans of frontiers and of territorial cessions, and later of railway lines and forts. "Ultimately the mere drawing of a country's railways, roads and cities, became a symbol of conquest to X."³ "The fantasies accompanying all these war- and battle-games closely resembled the fantasies of violence."⁴

Hence it is quite clear [writes Moll] that these war- and battle-games were fundamentally sadistic. And in fact, at about the age of thirteen, X. first noticed that these games, as well as the fantasies of violence, were accompanied by erections.⁵

X.'s sadistic symbolism continued to develop, and became more and more abstract.

X was excited by the fantasy that a continual ebb of the sea was causing a small island to grow rapidly to the size of a continent.⁶ He was also sexually excited by the duplication of squares. He used first to draw a quite small square, which he enlarged by the addition of another square of the same size drawn at right angles to it. Another right angle turned the first angle into a second square, right angle succeeding square, etc., until a large square had gradually been built up. He found this too a source of sexual excitement, and experienced marked erections during the process. He believes that this duplication of squares was simply a particular form of his conquest-drawings, whereby he used to imagine himself winning more and more territory by conquest.⁷

Note, too, that X. was ignorant of

the connection between erections and sexual relations.⁸

¹ Krafft Ebing and Moll, P. S., pp. 208-19. Case xciii.

² *Idem.*, P. S., p. 210.

³ *Idem.*, P. S., p. 211.

⁴ *Idem.*, P. S., p. 211.

⁵ *Idem.*, P. S., p. 212.

⁶ *Idem.*, P. S., p. 212.

⁷ *Idem.*, P. S., p. 213.

⁸ *Idem.*, P. S., p. 215.

Historical events always formed the material of his *Kriegsspiele*, and X. used therefore to take a great interest in history, and work hard at this subject in school.¹

This extremely remarkable case is published by a psychiatrist who is open to no suspicion of harbouring prejudices in favour of Freud's views; in his re-edition of Krafft-Ebing's work, Moll only mentions analysis for purposes of criticism.²

Moll's patient was undoubtedly a pervert and not a neurotic. In his psychic life, the influence of the sexual instinct on the intellectual orientation is shown by his interest in strategy and in history. This influence is brought into play at the conscious level, so that the case offers no interpretative problems. We can observe the action of sexual causality on the development of the intellect in active operation. It is clear that if the patient had not been afflicted with symbolical sadism his knowledge of history would not have been so advanced.

But a psycho-analyst would not speak of sublimation in a case of this kind. The mere fact that the sexual instinct has contributed to the specific development of a higher psychic activity is not enough to enable us to assert the existence of sublimation; the conscious sexual manifestations must have disappeared. If, in Moll's case, the interest in strategy and history originally aroused by sexuality had gradually become autonomous; if the patient's erections had ceased, while his intellectual pleasure in battle-stories had survived alone, then we might have spoken of sublimation.

Careful study of the account of this patient's case shows that it began at a period when the excitement caused by fantasies of violence had not as yet the effect of stimulating erection. Two different views may be taken of the psychic condition of the patient during this period, which extends from his fifth to his thirteenth year. It may be maintained that only the cruelty instinct was active, and that sadism proper began only with the first erections. According to this theory, the cruelty instinct is not sexual in character until the moment when it becomes genitalized. It is a point of view that will obviously be maintained by those who deny the distinction between the sexual and the genital. Their opponents will reply that the possibility of the propagation of the species demands that erection should be provoked in the male by external stimulations coming from the female. Therefore the sexual instinct necessarily implies phenomena prior to the erection and designed to provoke it. Since the affective states are merely the psychological aspect of the instincts, genital

¹ Krafft Ebing and Moll, P. S., p. 215.

² *Idem.*, P. S., pp. 437-8, 733, 755-6.

sensations must consequently be preceded by amorous emotions distinct from them and capable of existence apart from them, if the genital apparatus is too weak. From this point of view, Moll's case-history takes on a quite different complexion. From the age of five to thirteen he exhibited sexual sadism which was not as yet genital.¹ He was unconscious of the sexual character of that sadism, for even when erections began he was unaware of their relation to sexuality. If his war-games had not provoked erections, and if his excitement had remained sexual without ever becoming genital, he would never have suspected its true nature. His taste for military history might have continued to increase without its real instinctive motivation ever being revealed. Let us imagine that the patient had subsequently undergone psycho-analytical treatment. If the analyst had diagnosed in his patient's investigations a "sexual equivalent," what would have been the reaction of the amateur strategist, and of his family doctor?

Let us now turn to a case published by Baudouin, who regards it as one of true sublimation.² The patient Ida was sixteen years old, and had begun to menstruate at the age of twelve. Shortly after this event, she had suffered a severe psychic shock. One evening, as she was travelling with only one other passenger on the top deck of a tram, the latter exposed himself before her. Ever since then, Ida had always manifested two different kinds of psychic disorder at her menstrual periods. She would either arrange objects, particularly dolls, in a tasteful and orderly fashion; or else she would speak in a delusional way, exhibiting ideas of persecution, e.g. that a wizard had placed her under a spell from which she could not escape.

In the course of treatment, Baudouin learnt that she had a horror and contempt of coquetry, and of all elegance in her dress. On the other hand, she had more than twenty dolls which she delighted to clothe with all the elegance which she could not bear in herself. The mechanism of the formation of this symptom is clear. The natural tendency to coquetry had been repressed in consequence of the sexual trauma, but it had not been destroyed; it had suffered a displacement which ended in its fixation on the dolls as a substitutional symbol. Her coquetry, in short, had been objectified.

Later Baudouin learnt that Ida's taste for neat arrangement extended to all kinds of objects. She drew and painted mostly

¹ Moll himself explicitly distinguishes between cruelty, sexual sadism, and genital sadism. Cf. Krafft Ebing and Moll, P. S., p. 741. The diagnostic differentiation between cruelty and sexual sadism is fully discussed by Moll in an interesting case-history. Krafft Ebing and Moll, P. S., pp. 188-98, case lxxvi.

² Baudouin, S. P., pp. 276-9.

stylized plants. Baudouin examined her work. All the stylized plants represented, with obsessive regularity, the formula of two symmetrical themes separated by a central elongated theme. In her other drawings and pictures, which consisted mainly of landscapes, the accent was always placed on a conical tree which stood out from the design of the picture. Before Baudouin told her what he had noticed, she said to him: "I can draw anything I like quite well, *except trees*. I find them so difficult; *they don't come easily*."¹

Then Baudouin proceeded to examine the dolls' dress. The oldest wore nothing remarkable, but the newest had long pointed hats:

In the most recent doll, the head had been entirely replaced by a cone; and this cone, instead of sticking up like a hat, curved forwards into a point. Two huge spheres represented the eyes, from which there projected a curled feather like a tuft of hair. Another tuft grew from the forehead, forming a kind of central eyebrow.²

Ida explained that the dolls wearing pointed hats were magicians. Both series of symptoms (the dressing of the dolls and the ideas of magic influence) met in the exhibitionist complex.

The crises of objectified coquetry [writes Baudouin] thus seemed to be in search of a cure by means of a spontaneous æsthetic sublimation. The juxtaposition of the magician of the maniacal attacks with the doll magician might even lead us to suppose that this particular sublimation was tending to become an outlet for both kinds of crisis.³

Such subconscious origins of æsthetic trends in individual minds can certainly help us to a better understanding of the origin and function of art in the life of mankind.⁴

Baudouin advised her parents to encourage this "spontaneous sublimation." Six months later he saw the patient again.

She had been resolutely and exclusively influenced in the direction of her art, and had shown that she possessed real talent. Her mental troubles had vanished. Her bodily development, which had been for some time arrested, had now taken such a stride that I hardly recognized her.⁵

This case is a good instance of what psycho-analysts mean by sublimation. If we wish to be more clear as to the nature of this process, we must compare it with the very curious events which von Monakow and Mourgue have noticed in aphasics.

¹ Baudouin, S. P., p. 241. (Underlined in the original.)

² Baudouin, S. P., p. 278.

⁴ Baudouin, S. P., p. 279.

³ Baudouin, S. P., p. 278.

⁵ Baudouin, S. P., p. 279.

Under the influence of an emotion which has as its effect a lowering of the threshold of ecphory, a person is able to pronounce short phrases, which he would be unable to do voluntarily in ordinary conditions.¹

Another person, suffering from total aphasia following large diffuse lesions of brain-softening, and quite incapable of reading anything in the papers (alexia), one day proved able to read the name of his best friend in the obituary column, and was much upset at his death, of which he had not been aware.²

These cases show that the perceptive, mnesic and intellectual thresholds may be lowered by emotional and instinctive tendencies. In other words, affective factors can provoke increased subtlety of discrimination in the psychic functions, an increase which cannot be brought about by the will.

Von Monakow and Mourgue have applied the general principle contained in their explanation to normal persons.

One of us [R. Mourgue] made the following observation on his son: the boy possessed much more *aptitude* (to use the loose current expression which really signifies very little) for arithmetic than for grammar. This was due to the fact that in early childhood he had learnt the latter from a master who had not a good *affective relation* with his pupils, while the opposite was true of mathematics. In learning German, the boy quickly and easily learnt the numerals, but found great difficulty in the grammar. Let us imagine that such a person in later life becomes aphasic, and that we are able to note preservation of the German names for numerals; we may well be astonished at such selectivity. Many academic psychologists may regard the appeal to the *instinctive factor* in this case as quite arbitrary. It is none the less true that reconstruction of the individual's personal history would make the matter perfectly plain. Here our point of view is the same as that which Freud expresses on the psychopathology of everyday life.³

Von Monakow and Mourgue's last remark shows us the close relation which exists between Freud's theories on memory and on sublimation. The mnesic threshold in the first case, and the intellectual threshold in the second, are lowered through the influence of an instinct. Moreover it has always been pointed out that what is done half-heartedly is ill done. St. Augustine's phrase: "*parum est voluntate, etiam voluptate traheris*," goes even further. It already seems to suggest that affectivity can achieve what the will cannot. The accounts of cases of aphasia published by contemporary neurologists give us the scientific proof of this statement.

¹ von Monakow and Mourgue, I. B. N., p. 204.

² *Idem.*, I. B. N., pp. 214-15.

³ *Idem.*, I. B. N., p. 222.

Freud's original and personal contribution to the concept of sublimation seems to consist in two points. He has laid special emphasis on the importance of the sexual instinct, and he has shown that the instinctive urge which lowers the threshold of the superior faculties and thus extends their field of action often starts from the unconscious. Let us take the case of Moll's patient at the age of ten. Erections had not as yet appeared, and he was completely unaware of the true nature of the impulses he experienced. At that time he was already reading learned accounts of battles which most people would have thought very dull. His sadistic tendency helped his concentration, and so his mnemonic fixation and evocation. In the case treated by Baudouin, Ida clearly had no idea of the *causal relation* between her exhibitionist complex and her obsessive (but nevertheless technically difficult) drawings of conical trees. Separately considered, the symptom and the complex seem to have been perfectly conscious.

In sublimation, the effect appears superior to its cause. We have already pointed out that this raises a tremendous difficulty, at least as far as the theoretical interpretation is concerned, for the actual fact of the over-activation of the higher psychism under the influence of the instincts is hard to dispute. The various psycho-analytical schools disagree on the solution of the problem raised by the theory of sublimation.

The Freudian school is inclined towards radical empiricism, regarding causality as generally traceable to identity. Their conclusion is therefore predetermined. Translated into empiricist language, the conditioning of the superior by the inferior psychism becomes the reduction of reason to sensation. The end is not really superior to the starting-point. Fundamentally, pure Freudians regard sublimation as disguised sexuality.

Since Freud is not a philosopher, his remarks on sublimation are generally rather vague. Some of them plainly tend to pure empiricism as for instance:

I have no doubt that the conception of the "beautiful" is rooted in the soil of sexual excitement and signified originally that which is sexually exciting. This statement is not contravened by the fact that genitals, the sight of which provokes the greatest sexual excitement, can really never be considered beautiful.¹

Freud's faithful commentator, Dr. Ernest Jones, has laid special emphasis on the homogeneity of the end and the starting-point in sublimation.

¹ T. C. S., p. 20, (note 20.) (Dr. Brill's translation has: "The more remarkable, therefore, is the fact that . . ."; Trans.)

The exchange of the secondary social aim [he writes] for the original sexual one constitutes not so much a replacement of the one by the other as a diverting of the original energy into a fresh direction; the occurrence is, in fact, better described by the term *displacement* than by that of *replacement*.¹

Later he writes again :

In psycho-analytical work one sees clearly that the process above referred to of replacement and diverting of interest is substantially one of continuity, and that the later expression is, so to speak, a psychical equivalent of the earlier one. In other words, the energy employed in making use of the new interest *is derived from the old one*, and the later activity is only another, more indirect, means of gratifying the same desire. In this way various fundamental desires may run through the whole of a man's life, though the continuity of their manifestations may be not at all apparent to the casual observer or to the subject's introspection.²

If we carry this theory to its ultimate conclusion, it is clear that the concept of sublimation vanishes, and that nothing is left but sexuality in disguise. To reduce the whole of the activity of the higher psychism to the status of a sexual substitute is so violent a paradox that Freud has not dared to maintain it. He has taken up a compromise-position which cannot easily be defined. He has more or less granted—though in extremely vague terms and without any great enthusiasm—the originality of the higher psychism. But he has, besides, maintained the possibility of a kind of transmutation of sexual energy into superior psychic energy. We need not examine this theory for the moment.

Here is a quotation from Freud which gives a fairly clear idea of his position :

We consider it probable that this very forcible impulse was already active in the earliest childhood of the person, and that its supreme sway was fixed by infantile impressions; and we further assume that originally it drew upon sexual motive powers for its reinforcement so that it later can take the place of a part of the sexual life. Such person would then, e.g., investigate with that passionate devotion which another would give to his love, and he could investigate instead of loving. We would venture the conclusion of a sexual reinforcement not only in the impulse to investigate, but also in most other cases of special intensity of an impulse. Observation of daily life shows us that most persons have the capacity to direct a very tangible part of their sexual motive powers to their professional or business activities. The sexual impulse is

¹ Jones, P. P., p. 606.

² Jones, P. P., pp. 606-7.

particularly suited to yield such contributions because it is endowed with the capacity of sublimation, i.e. it has the power to exchange its nearest aim for others of higher value which are not sexual. We consider this process as proved, if the history of childhood or the psychic developmental history of a person shows that in childhood this powerful impulse was in the service of the sexual interest. We consider it a further corroboration if this is substantiated by a striking stunting in the sexual life of mature years, as if a part of the sexual activity had now been replaced by the activity of the predominant impulse.¹

It seems therefore that we may sum up Freud's view by saying that he asserts the partially sexual origin of the higher human activities. He does not seem actually to maintain that the higher psychic activities (as for example, the scientific tendency) are nothing but transformed sexuality. The passage quoted does not assert their exclusively sexual origin. But Freud maintains that sexual elements may be transmuted and so incorporated in the activity of the higher psychism.

The Jungian school has reacted against the empiricism and sexualism of the orthodox Freudians. Jung began by replacing the Freudian principle of the homogeneity of the end and starting-point of sublimation by the idea of a truly creative evolution. Later he departed even further from the Freudian position, and reacted against it so thoroughly that he more or less completely denied the conditioning of the higher by the lower psychism.

II. Art

Freud and his followers regard the unconscious as the true source of art, a theory which is not peculiar to the psycho-analysts. Many psychologists before Freud have stressed the part played by the subconscious in artistic creation.² Poets themselves have always talked of *inspiration*, and asserted that they felt themselves to be passive instruments guided by some external force in the composition of their best work.

Some critics have maintained that these assertions should not be taken in a literal sense, for the poets treat inspiration as a metaphor. It is true that among the sceptical and the over-civilized, inspiration is simply a "cliché." But every "cliché" implies an original, just as all fiction has a basis of reality, and the idea of inspiration cannot have been created *ex nihilo*. This conclusion is

¹ L. V., pp. 25-6.

² Cf. Chabaneix, *Essai sur le subconscient dans les œuvres de l'esprit et chez les auteurs*, Thèse de médecine, Bordeaux, 1897-8, No. 25.

entirely confirmed by passages from the classics. The German psychologist Oesterreich, who has made a detailed study of the feeling of possession, and who is by no means a follower of Freud, explicitly relates the inspiration of the ancient Greek poets to the trance of the Pythian prophetess. In his examination of the importance of the ritual invocation of the Muse at the beginning of the poet's work, he writes:

Perhaps already the words may have been used from tradition, and therefore symbolically, by Homer as they certainly were by Virgil; they were nevertheless originally meant in good earnest. What meaning had they when literally used? Were they simple prayers to a divinity as a Christian poet prays God to grant him grace? The text itself contradicts this view, since it says that it is the Muse and not the poet who must sing, an expression only applicable if the poet was convinced that he did not create, but that another, the Muse, did so in his place. It is very remarkable that the epics of other peoples contain nothing analogous. Such a conception, existent to an enhanced degree among the Greeks and entirely peculiar to that nation, can only be explained by admitting that the voluntary activity of the creative artist was unconnected with his work and that his most perfect productions were obtained as a gift.¹

We observe that, according to Oesterreich, the first Greek poets seem not only to have had the feeling of automatism, but to have attributed that automatism formally to an outside agency. In support of his theory, he quotes Socrates' words in Plato's *Ion*.

The Muse inspires men herself (ἡ Μοῦσα ἐνθέους ποιῇ αὐτῇ) . . . For all the good epic poets utter all these fine epic poems not from art, but as inspired and possessed (ἐνθεοὶ ὄντες καὶ κατέχομενοι) and the good lyric poets likewise; just as the Corybantian worshippers do not dance when in their senses, so the lyric poets do not indite those fine songs in their senses (οὐκ ἔμφορες ὄντες), but . . . they begin to be frantic . . . and . . . under possession (βακχεύοντι καὶ κατεχόμενοι) . . . For a poet is a light and winged and sacred thing (ιερόν), and is unable ever to indite until he has been inspired and put out of his senses, and his mind is no longer in him (πρὶν ἂν ἐνθεὸς τε γένηται καὶ ἔκφρων καὶ ὁ νοῦς μηκέτι ἐν αὐτῷ ἔη): every man, whilst he retains possession of that, is powerless to indite a verse or chant an oracle. Seeing then that it is not by art that they compose and utter so many fine things about the deeds of men—as you do about Homer—but by a divine dispensation (θείᾳ μοίρᾳ), each is able only to compose that to which the Muse has stirred him (ἐφ' ᾧ ἡ Μοῦσα αὐτὸν

¹ Oesterreich, *Possession (Demonic and Other)*. Trans. by D. Ibbetson, Kegan Paul, 1930, p. 346.

ἄρρηστον) . . . Since, if they had fully learnt by art to speak on one kind of theme, they would know how to speak on all. And for this reason god takes away the mind of these men and uses them as his ministers, just as he does soothsayers and goodly seers, in order that we who hear them may know that it is not they who utter these words of great price, when they are out of their wits, but that it is god himself who speaks and addresses us through them.¹

The objection might be raised that trance-states and automatic phenomena are no longer to be found in modern poets. As a proof that they still continue, the psycho-analysts quote events from the lives of the great masters of nineteenth-century literature. Goethe relates that most of his poems were written at night, in a dream-like state. He would jump out of bed, rush to his table and write out the whole poem, writing obliquely across the paper so as not to lose time in straightening it. As the scratching of a pen on paper might have woken him from his trance-state, he preferred to use a pencil.² Goethe's conception of poetic inspiration is very like that of Plato.

Every productivity of the highest value, every great thought which brings fruits and has results, escapes the individual power of man, and is related to the *demonic*³ power which, endowed with superior force, does with a man what it wills, and to which he yields unconsciously, while he thinks he is acting on his own initiative.⁴

Schiller was found rolling in convulsions on the floor when he was composing the scene between Eboli and the prince.⁵ Similar events are to be found in the lives of other great artists.

It would be completely false to suppose that, because psycho-analysts strongly stress the dependence of art on the unconscious, they therefore regard art as pathological. Their artistic psychology is radically opposed to that of Lombroso or Max Nordau, as Claparède so rightly points out.⁶ Freud's doctrine is centred on the normal; it explains neuroses and psychoses in terms of the phenomena to be found in all men (i.e. failed acts and dreams). It strives always and everywhere to discover order in disorder, sense in nonsense. If psycho-analysis happens to compare the artist to a neurotic, it is because the psycho-analytical conception of neurosis itself is strictly dynamic, and it is not regarded as destruction or deterioration.

¹ Plato, *Ion*, 533 E-534 D. Loeb, Plato, vol. iii, pp. 420-3.

² Goethe's *Werke*, pub. H. Düntzer, 20 Teil; *Wahrheit und Dichtung*, Teil, p. 13.

³ This neologism seems inevitable in this context. It is also used by Bergson. (D.)

⁴ Quoted by Pfister, P. M., p. 400.

⁵ Pfister, P. M., p. 401.

⁶ P., pp. 33-4. (Claparède's Introduction to the French edition.)

Neurosis is simply the result of psychic conflict, and psychic conflict, which stimulates the search for new solutions, is the mainspring of all progress.¹

Moreover psycho-analysts prefer to dwell upon the relation between art and dreams, much more than upon that between art and neurosis. Here again they are bringing new life to a very ancient theory. Art and dreams have, from earliest times, been attributed to the same *demonic* forces. Poetry has, from earliest times, been compared to a dream. Wagner was only expressing the immemorial belief of humanity, when he put into the mouth of Hans Sachs the well-known lines:

Mein Freund, das grad'ist Dichters Werk
Dass er sein Traumen deut' und merk!
Glaubt mir, des Menschen wahrster Wahn
Wird ihm im Traume aufgetan:
All Dichtkunst und Poeterei
Ist nichts als Wahrtraumdeuterei.

That, my friend, is the poet's task;
He interprets and holds fast his dream.
Dreams can interpret and reveal to us
What truth (believe me) man's illusion holds.
For all the singer's, all the poet's art
Is no more than the unravelling of dreams.
(*The Master Singers*, Act III.)

Otto Rank has quoted many passages from poets and writers expressing the same conviction.

Art and dreams are the children of love. Plato has already shown the supreme rank of Eros in artistic production.

The god is a composer so accomplished that he is a cause of composing in others: every one, you know, becomes a poet, "though alien to the Muse before," when Love gets hold of him. This we may fitly take for a testimony that Love is a poet well skilled—I speak summarily—in all composing that has to do with music; for whatever we have not or know not we can neither give to another nor teach our neighbour.²

Whereas the influence of love sentiment on artistic creation is generally recognized, its part in the genesis of dreams had been very superficially examined prior to psycho-analysis. The dream's wish-

¹ Stekel, "Poetry and Neurosis," in *The Psycho-analytic Review*, vol. x, No. 1, January 1923, p. 80.

² Plato, *Symposium*. Loeb, Plato, vol. v, pp. 156-9.

fulfilment can only be disclosed by a technique which enables us to interpret its meaning. No doubt certain great intuitive geniuses had, even before Freud, surmised that the dream was a hallucinatory method of satisfying instinct.

Most of our instincts [writes Nietzsche] especially those known as the moral instincts, are content with very little: if I may make the suggestion, the real value and meaning of our dreams is to compensate to a certain extent for this fortuitous lack of "nourishment" during the day.¹

This is simply an anticipation founded on dreams in which the meaning is clear. There was nothing to be said, before the psycho-analytical method, about obscure and incomprehensible dreams. Freud's invention enabled him to give a quite new significance to the classical relation between art and dreams, and to show that in each case the fundamental process was that of liberation of the instinct by means of the symbol.

No aspect of psycho-analysis is less revolutionary than its application to æsthetics: Plato had already related art to inspiration and to love, and in the assertion of the cathartic function of art Freud had been preceded by Aristotle. The latter is almost exclusively concerned with the discharge of pity and fear by tragedy.² Freud extends this theory to all the arts and to all the instincts. As the general tendencies of his thought might lead us to suppose, he places the greatest emphasis on the sexual instinct, but it would be altogether too much to maintain that he denies all causality to the other instincts in the production of a work of art.

In the creator no less than in the spectator [writes Baudouin] the work of art represents a discharge of affective potential excessively accumulated upon certain tendencies, from the fact of their repression, and from their inability to obtain discharge. Hence we may see how art can be a *relief*.³

In its therapeutic capacity [he continues] analysis undertakes, among other things, to provoke beneficial discharges where repression has accumulated a pathogenic excess of emotion. In its æsthetic capacity, it observes that art provokes similar discharges in its own fashion. This common ground enables us to conjecture that in certain instances art may play the part of a true therapeutic agent in nervous disorders, a fact which is borne out by experience.⁴

The most famous example of the healing function of art is no doubt that of Goethe. Having fallen in love with Charlotte Buff,

¹ Nietzsche's *Aurora*.

³ Baudouin, P. A., p. 204.

² Ross, *Aristotle*, pp. 281-5.

⁴ Baudouin, P. A., pp. 204-5.

who was engaged to be married to Kestner, he was obsessed with the idea of killing himself in order to escape this hopeless love. He was profoundly moved by one of Kestner's letters, relating the suicide of a young man due to unrequited love. All his own memories became grouped round this dramatic episode. "It was like a lightning-flash to me," he writes, "and at that very moment I conceived the plan of *Werther*." Born under the influence of such a complex, the theme of *Werther* could only evolve passively and automatically. Goethe, indeed, tells us that he composed the work "almost unconsciously, like a sleep-walker," so that he himself was astonished when he read it over.¹ The suicide-obsession born of the love-conflict had been sublimated in a work of art.

Pierre Loti's *Pêcheur d'Islande* likewise represents a liberating projection onto the artistic plane of an extremely painful emotional episode.² Loti had fallen in love with a Bretonne girl, engaged to be married to an "Icelander" whom she loved, preferring him to Loti. The latter was in real despair; for many years he was haunted by the image of the woman he was to render immortal under the name of *Gaud*. The memory of her was enough to arouse in him, with a hallucinatory intensity, the image of the Brittany village which was her home, and it was in this trance-state that he composed some of his most famous descriptions. The novelist's paroxysmal excitement of the visual imagination under the influence of a love-complex is a typical illustration of the cathartic function of art.

The immediate consequence of the part played by complexes in art is the possibility of psycho-analytical exploration of the unconscious substrata of the æsthetic sense. Many psycho-analysts, including Freud himself, have tried to discover the emotional secrets of the most famous poets and painters of antiquity. Yet there is nothing less in accordance with psycho-analytical principles than the claim to psycho-analyse the dead, or even the absent. Analysis is a technique, not a doctrine. That technique requires, as a *sine qua non* condition, the presence and the co-operation of the person it is proposed to examine. Pfister was the first to attempt direct analysis of the artist; he was followed by others, particularly Baudouin.³ The latter sought to use the associative method in order to ascertain the conditions, not only of the creation, but of the contemplation of the beautiful. He reached the conclusion that creator and contemplator each project their personal complexes into

¹ Goethe's *Werke*, pub. H. Düntzer, Teil, *Wahrheit und Dichtung*, 3 Teil, p. 199.

² Cf. Barthou, *Pêcheur d'Islande de Pierre Loti, Étude et Analyse*, pp. 37-40.

³ Baudouin, *P. A.*, p. 121.

the work, but that those complexes do not meet. Art does not contrive to express the individual in a really transmissible manner. Creator and contemplator can only communicate by means of the general tendencies of humanity, the collective complexes.¹ By this unexpected by-road psycho-analysis once more rejoins the most highly classical conceptions of art.

At this point, no doubt, the objection will be raised that there is a gulf set between classicism and analysis. The major problem of the nature of æsthetic pleasure seems only to allow two possible solutions. Artistic enjoyment is merely the indirect satisfaction of vital needs: that is the sensualist verdict. It is nothing, the intellectualist replies, but a form of the joy of knowledge. Psycho-analysis is sensualist, and classicism is intellectualist. Here we find an irreducible antinomy.

We might quote a number of passages from the works of Freud and his followers in which the sensualist point of view is distinctly—almost brutally—exhibited. We have already seen that according to Freud the origin of beauty is no more than sexual excitement.² It would be difficult to imagine a more sensualist statement than this.

Yet a closer examination of Freud's thought gives rise to a doubt. We find that in his theory of sublimation Freud maintains that the higher tendencies (science and art) incorporate elements borrowed from the instincts.³ This statement has no meaning unless science and art have a characteristic originality, a specific nature which cannot be reduced to the instincts. A thing can only be incorporated by something distinct from it.

Freud has often explicitly stated that the artistic gift cannot be reduced analytically.⁴

The layman may perhaps expect too much from analysis in this respect, for it must be admitted that it throws no light upon the two problems which probably interest him most. It can do nothing towards elucidating the nature of the artistic gift, nor can it explain the means by which the artist works—artistic technique.⁵

This quotation is categorical. The essential nature of the artistic gift, in Freud's own admission, eludes psycho-analysis.

If psycho-analysis gives up the attempt to elucidate the nature of the artistic gift, it becomes very difficult to maintain that it reduces æsthetic pleasure to the status of an indirect satisfaction of vital needs. Freud has never examined the nature of æsthetic pleasure *ex professo*, but in his account of wit he has been led to some con-

¹ Baudouin, P. A., pp. 209–20.

² L. V., p. 25.

³ L. V., p. 128.

⁴ T. C. S., p. 20 (note 20.)

⁵ A. S., pp. 119–20.

siderations which reveal an important aspect of his views on this question.

Freud makes a distinction between harmless wit and tendentious wit.

Sometimes wit is wit for its own sake and serves no other particular purpose; then again, it places itself at the service of such a purpose, i.e. it becomes *tendentious*.¹

Tendentious wit may be obscene, offensive, cynical or sceptical. The distinction between harmless and tendentious wit involves an important consequence, of which Freud himself is perfectly well aware, i.e. that *pleasure procured by wit may exist independently of the indirect liberation of the repressed instinct*.

For our theoretical explanation of the nature of wit [he writes] harmless wit must be of greater value to us than tendentious wit and shallow wit more than profound wit. Harmless and shallow plays on words present to us the problem of wit in its purest form, because of the good sense therein and because there is no purposive factor nor underlying philosophy to confuse the judgment.²

On what, then, does the pleasure procured by harmless wit depend? Freud attributes it to economy of psychic effort.³ The child's first thoughts and words are playful, with no great concern for the external, objective world. It is only gradually, at the cost of hard effort, that he disciplines his faculties of cognition and expression, forcing them to follow the lead of reality. This tension cannot be maintained indefinitely, and "it is for this reason that the resistance against the pressures of thinking and reality is far-reaching and persistent."⁴ Hence comes the need of thinking and talking "in the void," and of setting mental and verbal functions to work without any other aim than the work itself.

These points, which Freud partly borrows from Groos, lead him to conclude that word-play and thought-play procure a *fore-pleasure*. This fore-pleasure often serves as a lever to set free a repressed instinct. This more complicated instance is that of tendentious wit. For example, in offensive wit, the double meaning hidden beneath the single verbal phrase gives the instinct of aggression an indirect discharge, when direct discharge would be impossible.

The play-theory of wit is clearly only a particular aspect of the play-theory of art. Freud does not hesitate to make this generalization.

When we do not use our psychic apparatus for the fulfilment of

¹ W., p. 12b.

² W., p. 134.

³ W. pp. 177-213.

⁴ W., p. 191.

one of our indispensable gratifications, we let it work for pleasure, and we seek to derive pleasure from its own activity. I suspect that this is really the condition which underlies all æsthetic thinking, but I know too little about æsthetics to be willing to support this theory.¹

Thus Freud seems to have been logically induced to extend to art the distinction which he made, when dealing with wit, between simple play-pleasure and tendentious pleasure.² Art therefore seems to have a playful as well as a cathartic function.

The interpretation I have just suggested conflicts with that of Baudouin, according to whom art has indeed a playful function, but æsthetic pleasure is derived from the instinct represented, and not from the representation of the instinct. This difference of viewpoint entails a number of consequences. If we admit Baudouin's interpretation, there could be no æsthetic pleasure in which instinct does not participate. "All beauty," he writes, "may be connected to some instinct—but always to an instinct which renounces its own particular satisfaction, or accepts its postponement."³ This conception is uncompromisingly sensualist. Any number of quotations from the works of Freud and his followers could, of course, be found to support it. But the passages I have just quoted seem to me to prove that Freud recognizes a representational pleasure independent of any discharge of instinct. It seems to be a necessary consequence of Baudouin's theory that where the thing represented is quite outside the sphere of the instincts, there could be no æsthetic pleasure. What then becomes of mathematical beauty? "It may appear surprising," wrote Henri Poincaré, "that sensibility should be introduced in connection with mathematical demonstrations, which, it would seem, can only interest the intellect. But not if we bear in mind the feeling of mathematical beauty, of the harmony of numbers and forms and of geometrical elegance. It is a real æsthetic feeling that all mathematicians recognize, and this is true sensibility."⁴

All the evidence shows that Freud's general orientation is entirely sensualist, and the foregoing chapters clearly witness that I have not attempted to palliate it. It is none the less certain that in dealing with wit, Freud made a categorical distinction between tendentious pleasure and play-pleasure; the two are not only distinct, but separable, and are indeed often found in separation. It is certain, too, that Freud extends the play theory to art. It therefore seems to me inaccurate to say that in Freud's view art consists essentially in the operation of the instinct represented. It seems to me that to avoid self-contradiction, Freud must recognize that art consists essentially

¹ W., pp. 136-7.

² A. S., pp. 119-20.

³ Baudouin, P. A., p. 251.

⁴ Henri Poincaré, *Science and Method*, p. 59.

in the playful representation of any object, which object may be entirely foreign to the sphere of the instincts.

If we accept this interpretation, the connection between what we may call Freudian æsthetics and those of the great Greek philosophers appears much less paradoxical. The exact definition of artistic pleasure has always been a trouble to æstheticists, who may be said to have simply alternated between sensualism and intellectualism. Æsthetic enjoyment cannot be identified with either the satisfaction of vital needs or the joy of knowledge, the only two forms of pleasure which we can define with reasonable precision.¹ Artistic emotion therefore seems to resist all attempts at elucidation. The Greeks considered art primarily from the intellectualist standpoint. It is true that Aristotle makes room for the discharge of instinct by *κάθαρσις*, but the role he assigns to it is very narrowly circumscribed. Aristotle held the view that rhetoric and poetry had a place in the extension of logic. Whereas logic proper (which Aristotle calls analytic) teaches the construction of strictly demonstrable reasoning, rhetoric is "the power to see the possible ways of persuading people about any given subject."² The art of the orator is therefore connected to the logic of probability, which Aristotle calls topic, or dialectic. Poetry stands on the bottom rung of the ladder which leads to certainty. Its special characteristic is imitation, which Aristotle does not regard as a strict duplication, tending rather to connect it to the thirst for knowledge.³ This ultra-intellectualist point of view may seem surprising to us, but it is understandable if we remember the critical situation Greek thought had to face when the sophists first appeared. The ultimate result of the sophists' mastery of words was the destruction of the very idea of truth. The defensive reaction of the true against the beautiful is, moreover, much more violent in Plato than in Aristotle. Although Plato is an incomparable artist, his treatment of art is unbelievably severe. The *Gorgias* is a merciless prosecution of rhetoric and eloquence. The *Republic* contains a relentless condemnation of poetry. "For Plato," says a contemporary writer, "art is the attempt to copy reality with literal fidelity and to produce the illusion that your copy *is* reality."⁴ Art is therefore essentially a master of falsehood.

Plato's severity is explained by the historical circumstances we have indicated, but also by his logical and metaphysical temperament. Thinkers of this stamp—even when they possess, as Plato

¹ I omit the joy of a good conscience, which no one has ever dreamt of relating to æsthetic pleasure. (D.)

² Aristotle, *Rhetoric*, 1355b, 26. Cf. Ross, *Aristotle*, p. 271.

³ Ross, *Aristotle*, p. 280.

⁴ Ross, *Aristotle*, p. 277.

possesses, outstanding artistic talent—have great difficulty in recognizing the legitimate nature of art, for they cannot conceive of thought as having the right to ignore truth. They ascribe to it the single function of exact cognition of being. But as we have already said when dealing with dreams, Freud's whole work is devoted to the study of what we may call the *dereistic* functioning of the psychism. Besides thought aiming at truth, there is relaxed thought, dream-thought, play-thought, and delusional thought. Artistic play is certainly not delusion, as we emphasized in connection with schizophrenia, but art, like delusion and dream, is connected with symbolic thought and not logical thought. The partiality and preference shown by psycho-analysts for the psychological study of art is very understandable. Symbolism and affectivism are better preparations for comprehension of the beautiful than logic. We might, by an extension of Freud's thought, press the parallel between art and dreams more closely, and thus reach the conclusion that whereas the dream is a symptom rather than a symbol, an expressive effect of the deep psychic life rather than a cognition, art is cognitive symbolism and not an acognitive symptom, a playful preparation for the exact knowledge which is on its way,¹ and not a result of the transposition of past knowledge. But we must stop here, for development of this theme might lead us to forget that our task in Volume I is to state Freud's ideas and not our own.

III. The Origins of Morality and Religion

Whereas Freud's sympathy for art is clear and acknowledged, his antipathy for religion is no less clear and no less acknowledged. It has been justly observed that he only mentions it in order to attack it.² The distinctly unfavourable judgment passed by Freud on the value of all forms of religious activity is consonant with his causal explanations of the origins of religion. The principle of causality requires homogeneity of cause and effect. Freud is not the man to evade the consequences of a principle once he is aware of them. From the intrinsic point of view, he regards art as a value, for it possesses essential qualitative unity; consequently from the extrinsic point of view, it will be pronounced irreducible by analysis, the causes which the latter may ascribe to it being only material elements, and the formal element of art being recognized as a primary datum. From the intrinsic point of view, Freud holds that religion is a non-

¹ But which may never arrive! (D.)

² Papillant, "Défense des méthodes et critique des théories psychanalytiques," in *Le Progrès Médical*, March 9th, 1929, p. 412.

value, for it possesses only an apparent and accidental unity; consequently from the extrinsic point of view, it will be pronounced reducible by analysis, the causes which the latter may ascribe to it being exhaustive, and the formal element of religion being simply a fiction. Moreover Freud's attitude towards religious beliefs has evolved (from *Totem and Taboo* to *The Future of an Illusion*) in an ever more hostile direction, at least in its many and various manifestations, for the basic assimilation of religion to obsessional neurosis is to be found in Freud's writings from the year 1907.¹

Freud also regards morality as homogeneous with obsession. Setting out to determine its psychological roots, he begins by considering one of the most essential prohibitions of sexual morality—the ban on incest. He finds no difficulty in demonstrating its universality. He lays special emphasis on the strange taboos whereby, in many races, the most harmless contact between little boys and their mothers or sisters is vetoed.² What is the origin of such severe legislation? Freud refuses to regard it as the expression of an innate aversion to incest, and in this connection he quotes the following passage from Frazer, with which he is in entire agreement:

It is not easy to see why any deep human instinct should need to be reinforced by law. There is no law commanding men to eat and drink or forbidding them to put their hands in the fire. Men eat and drink and keep their hands out of the fire instinctively for fear of natural not legal penalties, which would be entailed by violence done to these instincts. The law only forbids men to do what their instincts incline them to do; what nature itself prohibits and punishes, it would be superfluous for the law to prohibit and punish. Accordingly one may always safely assume that crimes forbidden by law are crimes which many men have a natural propensity to commit. If there were no such propensity there would be no such crimes, and if no such crimes were committed, what need to forbid them? Instead of assuming, therefore, from the legal prohibition of incest that there is a natural aversion to incest, we ought rather to assume that there is a natural instinct in favour of it, and that if the law represses it, as it represses other natural instincts, it does so because civilized men have come to the conclusion that the satisfaction of these natural instincts is detrimental to the general interests of society.³

Freud sees in Frazer's reasoning the confirmation of his own conclusions on the universality of the Oedipus complex.

If Freud asserts that the tendency to incest is to be found in

¹ A. S., pp. 121–2; F. I., pp. 70–98.

² T. T., pp. 18–22.

³ Frazer, *Totemism and Exogamy*, IV, p. 97. Quoted in T. T., p. 170.

savages as in children, he is bound to recognize that it is universally forbidden. He refuses to explain this prohibition by natural aversion, so that it is incumbent upon him to provide some other explanation. In his view, the veto against incest is in the nature of a taboo. We are thus led to state Freud's suggested interpretation of taboos.

The taboo has a number of easily recognizable characteristics. In the first place, it is *ambivalent*, its meaning "branches off into two opposite directions. On the one hand it means to us *sacred, consecrated*: but on the other hand it means *uncanny, dangerous, forbidden and unclean*."¹ In the second place, the motivation of the taboo is not apparent. "The taboo prohibitions lack all justification and are of unknown origin. Though incomprehensible to us, they are taken as a matter of course by those who are under their dominance."² In the third place, taboos are transmitted by a sort of contagion.

A Maori chief would not blow a fire with his mouth; for his sacred breath would communicate its sanctity to the fire, which would pass it on to the pot on the fire, which would pass it on to the meat in the pot, which would pass it on to the man who ate the meat, which was in the pot, which stood on the fire, which was breathed on by the chief; so that the eater, infected by the chief's breath conveyed through these intermediaries, would surely die.³

In the fourth place, violation of the taboo may be atoned for by expiatory rites and various purifications.⁴

Wundt invokes fear of demoniacal forces to explain taboos.⁵ Freud rejects this interpretation, or at least declares it insufficient. Man has no direct experience of the action of pure spirits, so that the concept of spirit cannot be primary, but only derived. We are therefore at liberty to seek out the psychological operations which give rise to it.⁶ These observations of Freud's are very important for the understanding of what may be called his ethnological system. He endorses, not animistic, but magical theories. Later we shall have to return to the relations between magic and animism.

Freud elucidates the taboo by comparing it to obsessional neurosis which, when complete, possesses the four characteristics just ascribed to taboos. In the first place, the obsessional symptom is *ambivalent*. This ambivalence is explained by the conflict of two opposite psychic forces, as we saw in dealing with the neuroses, and not by primary hesitation, according to the psychasthenical theory.⁷ In the second place, the motivation of the obsession eludes the patient. Here again

¹ T. T., p. 30.

² T. T., p. 31.

³ Frazer, *Taboo and the Perils of the Soul*. Quoted in T. T., p. 47.

⁴ T. T., pp. 33-4.

⁵ T. T., p. 40.

⁶ T. T., p. 41.

⁷ T. T., p. 48.

psycho-analysis gives us the keyword of the acrostic. The conflict which gave rise to the obsession was first conscious—a masturbation-impulse, for example, met the barrier of parental prohibition. The memory of the veto was repressed and the whole conflict passed into the unconscious.

Both the prohibition and the impulse remained; the impulse because it had only been repressed and not abolished, the prohibition, because if it had ceased the impulse would have broken through into consciousness and would have been carried out. An unsolved situation, a psychic fixation, had thus been created and now everything else emanated from the continued conflict between prohibition and impulse.¹

In the third place, the obsession is like a grease stain; it is displaced from one symptom to another. One of Freud's patients

demanded that a utensil which her husband had purchased and brought home should be removed lest it make the place where she lives impossible. For she has heard that this object was bought in a store which is situated, let us say, in Stag Street. But as the word "stag" is the name of a friend now in a distant city, whom she has known in her youth under her maiden name and whom she now finds "impossible," that is taboo, the object bought in Vienna is just as taboo as this friend with whom she does not want to come into contact.²

In the fourth place, purificatory rites and expiatory ceremonies are frequently to be found in obsessionals; it is enough to recall washing-compulsions.³

The parallel between taboo and obsession ends in the assertion of their identity. This is an extremely important conclusion, for the savage's taboo is very close to civilized man's categorical imperative. "The moral and customary prohibitions," writes Freud, "which we ourselves obey may have some essential relation to this primitive taboo."⁴ We observe that his conception of the origins of morality is strictly empiricist. *Nowhere does he indicate the role of reason perceiving the essential teleological relations between beings.* Is this an omission on his part, or a denial? If the former, we shall say that Freud examines the origins, not of morality, but of the pathological formations that ape morality. The general sense of Freud's work clearly does not support this interpretation. Everything leads us to suppose that (with certain diplomatic reserves) Freud is convinced that morality is no more than a system of conditioned reflexes formed by education. In his view, the rules of morality seem to be no more

¹ T. T., p. 49.

² T. T., p. 47.

³ T. T., p. 48.

⁴ T. T., p. 38.

than a bundle of habits resulting from educational training, with no rational foundation. There is logical consonance between the truth-value of a cognition and its process of formation. All empiricist psychology ends in denying man power of access to truth, and shakes the governing principles of cognition. Freud's temperament is that of a radical empiricist; the instrument he employs in his investigation of morality is the housebreaker's pick.

Ethnological researches into morality are inseparable from those into religion. We have already seen that Wundt relates taboo to fear of demons, and that Freud declares this explanation insufficient. Freud refers the question of the origins of religion to magical pre-animism.¹ In his view, belief in spirits is by no means primary and needs explanation. With this object, he contrasts magic and sorcery. When man has a problem in causality to solve, he may arrive at three different solutions: (i) he may succeed in discerning a real and natural causal relation (normal thought); (ii) he may accept supernatural causality in some personal form (sorcery); (iii) he may confuse an endo-psychic subjective link with an objective causal relation (magic). These definitions are not quoted verbatim from Freud, but after long consideration, I have come to the conclusion that they accurately express his views.² Freud will certainly be blamed for calling *sorcery* what is generally called *magic*, and *magic* what is generally called *error*. This is perfectly true, but Freud would be sure to reply that the theme of the priority of error over belief in spirits is the very essence of the so-called magical theory. For example, the belief in causal power, in the efficacy of words or of formulæ, is generally associated with prayer to spirits, a sorcery-process in the Freudian sense. In Freud's view, verbal sorcery is chronologically subsequent to verbal magic, i.e. man began by believing that words had an *intrinsic* and not an extrinsic causal power due to the intervention of supernatural forces, whether personal or even impersonal.

The reduction of magic to error is not a theory peculiar to Freud. Tylor had already stated that magic consisted essentially in "mistaking an ideal connection for a real one."³ Frazer regards magic simply as a false science and an abortive art; he was one of the pioneers of the theory of the priority of magic over animism. In support of this doctrine, Freud shows that the varieties of magic are modelled on those of the association of ideas. Imitative magic corresponds to association by similarity.⁴ To invoke rainfall, the Ainus drain water through a large sieve,⁵ a process clearly designed

¹ T. T., p. 147.

² T. T., pp. 129-42.

³ T. T., p. 131.

⁴ T. T., p. 135.

⁵ T. T., pp. 133-4.

to arouse in the mind the image of rain by association; they irrationally pass from the mental image to the extra-mental reality. Contagious-magic corresponds to association by contiguity.¹ "If a Melanesian gets possession of the bow by which he was wounded he will carefully keep it in a cool place in order thus to keep down the inflammation of the wound."² This belief in a retroactive efficacy implies no admission of any supernatural form of causality, whether personal, demonological, or even impersonal. "But," Freud concludes, "since similarity and contiguity are the two essential principles of the processes of association of ideas, it must be concluded that the dominance of associations of ideas really explains all the madness of the rules of magic."³ Certain critics have condemned the associative theory of magic as unsatisfactory. Freud admits that it gives us no information about the roads travelled by the mind, nor about the dynamic factors responsible for the journey.⁴ From the dynamic point of view, "the motives which impel man to exercise magic are easily recognized; they are the wishes of men."⁵ How does the savage come to believe that the wishes determining the succession of his imagery can also determine the succession of objects? In order to understand this, we must turn to child psychology. The child does not clearly distinguish his own body from external bodies; aware that his desires and wishes determine the movements of his limbs, he readily believes that they can also determine the movements of other bodies. This belief in the "omnipotence of thought" is likewise found in neurotics, and it may be said to be common to all the lower forms of the psychism. Whenever rational control yields, belief in the omnipotence of thought reappears. This is particularly clear in obsessional neurosis. We find patients, otherwise very intelligent and gifted with critical sense, falling to the level of superstition through the disturbing influence of obsession. An obsessional "is always afraid to express evil wishes lest they be fulfilled in consequence of his utterance."⁶ Furthermore, the obsessional recognizes the principle of retroactive efficacy with the greatest ease. One of Dr. Odier's patients, whom he calls Mme. Dupont, would never have expressed or spoken her obsessions aloud for anything in the world, even when alone, and still less would she have imparted them to anyone. "If I say them, they will be true," she told Dr. Odier.⁷ This patient, although not insane, gives us an excellent practical example of belief in the omnipotence of thought.

¹ T. T., p. 138.

² T. T., p. 139.

³ T. T., p. 137.

⁴ T. T., p. 139.

⁵ T. T., p. 138.

⁶ T. T., p. 145.

⁷ Odier, "La névrose obsessionnelle," in *Revue de psychanalyse*, first year. No. 3, p. 456.

When Dr. Odier began treatment, Mme. Dupont "devoted all her time and energy to erasing or *withdrawing* her thoughts, vows, or infanticidal wishes."¹ This obsessive phenomenon of *retroactive annulment* is derived from magical thought in the same way as is the behaviour of the savage who puts the weapon which has wounded him in a cool place so that the wound may not become inflamed.

What is the mechanism of the transition from magic to animism, from belief in the omnipotence of ideas to the recognition of the existence of demoniacal entities? It is effected through the mechanism of projection which we studied when dealing with mental automatism and paranoia. The savage feels the interior impulse of instincts in conflict with the restrictions imposed by tradition. He interprets this endo-psychic conflict by ascribing to the influence of an external being the impulses which his consciousness rejects. In Freud's view, taboo and animism are rooted in the interior conflicts of primitive man.²

The projection theory of the origin of demonology leads Freud to a general interpretation of superstition. Superstition has a certain foundation in the obscure consciousness of instinctive impulses. But error is immediately intermixed with this knowledge, for the superstitious person attributes his impulse to an external cause. Let us take the example of omens. It is absurd to believe that the flight of birds can presage misfortune. But Freud holds that to renounce an intention because one has stumbled at the threshold is by no means absurd. The stumble may well derive from a hesitation, from a doubt rising from the unconscious. The person to whom such an incident occurs is in a state of lowered psychic resistance. If he has a difficult task to accomplish, he does well to put it off until he is in full possession of his faculties, in a state of perfect psychic co-ordination.³ He is only superstitious in so far as he attributes his false step to an external cause. We see that Freud both vindicates and strips of its magical qualities the important group of omens based on the person's behaviour, which are true symptoms of psychic dissociation. They are no more mysterious than diagnostic dreams, which have been stripped of their occult properties since the ancient Greeks.

Freud is not much disposed to distinguish religion from superstition. To it, as to magic, he applies the projection-interpretation. Here is an entirely characteristic quotation illustrating his position towards religious beliefs:

As a matter of fact, I believe that a large portion of the mytho-

¹ Odier, *Art. cit.*, p. 456.

² T. T., p. 153.

³ P. E. L., pp. 309-10.

logical conception of the world which reaches far into the most modern religions is *nothing but psychology projected into the outer world*. The dim perception (the endo-psychic perception, as it were) of psychic factors and relations (which naturally has nothing of the character of perception) of the unconscious was taken as a model in the construction of a *transcendental reality*, which is destined to be changed again by science into *psychology of the unconscious*. It is difficult to express it in other terms; the analogy to paranoia must come to our aid. We venture to explain in this way the myths of paradise and the fall of man, of God, of good and evil, of immortality, and the like—that is, to transform *metaphysics* into *metapsychology*.¹

Among those of Freud's followers who have undertaken the translation of metaphysics into metapsychology, Reik is probably the most aggressive. He has developed at some length the idea of a psycho-analytical critique of dogma.

An obsessional idea [he writes] is irreducible so long as analysis does not succeed in relating it causally and temporally to the patient's experience. It is only when it has succeeded in this, when it has contrived to show the patient that his obsession has not, so to speak, fallen ready-made from heaven, that its enigmatical quality disappears and its latent significance is perceptible. It will then be possible to explain the mechanism of its origin, which was due to powerful psychic impulses. In spite of all the attempts at rationalization made by critics of religion, and in spite of all the efforts of free thinkers to prove its absurdity, dogma will survive intact until we have understood its historical origin in the womb of the psychic evolution of humanity. The history of dogma and of the Church, as well as the science of comparative religions, will here partly replace analytical commentaries on the anamnesis of the individual. It is in this connection that psycho-analytical religious research will tend to make use of the raw material provided by these creeds to assist psychological commentary.²

Freud has himself followed up the line of investigation he has recommended to his followers. He has undertaken both to elucidate the origins of totemism and to determine the part it has played in the religious evolution of humanity. Freud begins by recognizing the generality and the priority of totemism.³ He then observes that ethnologists disagree on the origins of totemism, and have suggested a number of different theories to explain it.⁴ The views of the rela-

¹ P. E. L., p. 309. (Italics in the original.)

² Reik, "Dogme et idées obsessionnelles," in *Revue de psychanalyse*, first year, No. 4, pp. 657-8.

³ T. T., p. 167.

⁴ T. T., pp. 181-98.

tions between totemism and exogamy are just as confused.¹ Freud takes the study of the animal-phobias of childhood as the starting-point of his own hypothesis. Psycho-analytical interpretation of these phobias shows that the animal feared is often simply a father-substitute. Moreover the child's attitude towards the animal is ambivalent, fluctuating between fear and interest.

The first result of our substitution is very remarkable [writes Freud]. If the totem animal is the father, then the two main commandments of totemism, the two taboo rules which constitute its nucleus—not to kill the totem animal and not to use a woman belonging to the same totem for sexual purposes—agree in content with the two crimes of Œdipus, who slew his father and took his mother to wife, and also with the child's two primal wishes whose insufficient repression or whose reawakening forms the nucleus of perhaps all neuroses. If this similarity is more than a deceptive play of accident it would perforce make it possible for us to shed light upon the origin of totemism in prehistoric times.²

Besides the Œdipus complex, Freud makes use of Robertson Smith's theory of sacrifice and Darwin's hypothesis on the primitive horde, developed by Atkinson, to explain totemism.

According to Robertson Smith,

in oldest times the sacrificial animal itself had been holy and its life inviolate; it could be taken only in the presence of the god, with the whole tribe taking part and sharing the guilt in order to furnish the holy substance through the eating of which the members of the clan assured themselves of their material identity with each other and with the deity. The sacrifice was a sacrament, and the sacrificial animal itself was one of the kin. In reality, it was the old totem animal, the primitive god himself through the slaying and eating of whom the members of the clan revived and assured their similarity with the god.³

The originality of Robertson Smith's theory lies in the assertion that the essence of the sacrifice consists in the eating of the god-totem.

According to Atkinson, whose views are inspired by Darwin, primitive peoples seem to have lived in little groups: "a violent, jealous father who keeps all the females for himself and drives away the growing sons,"⁴ such seems to have been the primitive horde.

Combining the idea of the Œdipus complex with those of totemistic sacrifice and of the primitive horde, Freud suggests the

¹ T. T., pp. 198-210.

³ T. T., pp. 229-30.

² T. T., p. 219.

⁴ T. T., p. 235.

hypothesis that one day "the expelled brothers joined forces, slew and ate the father, and thus put an end to the paternal horde."¹ This act of cannibalism achieved the material identification of the sons with the father, and gave each of them a part of his power. Freud adds that the ambivalent attitude of the sons led them to perpetuate the sacrifice of the father in an animal-substitute form, the violent action thus being transformed by the pressure of guilt-sense into an expiatory rite. The totemistic sacrifice thus seems to originate in the murder of the father of the primitive horde. Exogamy becomes an effect of the retrospective obedience of the sons to their father, regret for their murderous act hindering them from having sexual intercourse with the females of the horde.² Freud's own estimate of the importance of his explanation is given in these words: "It would be just as meaningless to strive for exactness in this material as it would be to demand certainty here."³

Having thus reconstructed the origins of totemism and exogamy, Freud, who acknowledges that all religions are derived from totemism, undertakes to discover the traces of the murder of the father of the primitive horde in various pagan cults and even in Christianity.⁴ In particular he regards the divinity-idea as an enlargement of the father-idea. "In closing this study," he writes, "which has been carried out in extremely condensed form, I want to state the conclusion that the beginnings of religion, ethics, society, and art meet in the *Œdipus complex*."⁵

Writers who have been inspired by psycho-analysis to study morality or religion may be divided into three groups—"left," "right," and "centre." The psycho-analytical "left" is formed by Freud and a number of his orthodox followers such as Jones and Reik. These writers maintain the interdependence of causal explanations and judgments of value. They hold that religion and morality have no claim to be based on rational operations; they are wholly the result of the formations of association and projection. In Freud's view, the only foundation of morality is an exterior prohibition introjected into the unconscious. He finds the genesis of the idea of divinity in an enlargement of the father-*imago*. Since this causal mechanism has been declared to be exhaustive, it immediately follows that moral and religious conceptions are worthless. The good they contain is reduced to their family and social elements.

The psycho-analytical "centre" also recognizes the exhaustive nature of the Freudian psychogenesis of morality and religion, but

¹ T. T., p. 235.

² T. T., pp. 237-8.

³ T. T., p. 237, end of note on p. 236.

⁴ T. T., pp. 243-57.

⁵ T. T., p. 260.

in order to escape the consequence which follows logically from such premises, whereby morality and religion are condemned, it makes a complete severance between causal explanations and judgments of value. Taine recognized that the mechanism of sensation is identical with that of hallucination, but in order to avoid the subjectivism to which this should have led him, he declared that, by a trick of nature, sensation happens to be in harmony with the outside world. Flournoy, Hesnard, and others, more or less follow Taine's reasoning when they wish to evade the denial of morality and religion.

The psycho-analytical conception of religious sentiment [writes Hesnard] should be no more abhorrent to religious minds than any chapter of the science of religion. The study of the birth of the religious tendency, and of its affective laws, the investigation of its genesis in a field ranging from the attraction of parents for their children to the adult's aptitude for idealism and sublimation, is work of a scientific nature which no more touches the question of the truth or necessity of religion than any chemical or bacteriological discovery.¹

The psycho-analytical "right" has very few adherents. Pfister seems to acknowledge the interdependence of causal explanations and judgments of value. Since, in his view, morality and religion are founded upon reality, he is led to reject Freud's suggested explanation of their origin as insufficient—and as false in so far as it claims to be sufficient.² His thought often lacks precision, and his theory has very little support among other analysts. The general trend of the movement started by Freud is clearly orientated, in philosophy, towards radical empiricism.

¹ Régis and Hesnard, *P. N. P.*, pp. 205-6.

² Pfister, *P. M.*, pp. 313, 412.

CHAPTER VIII

THE STRUCTURE OF THE PSYCHIC APPARATUS

Freud's investigation of both morbid and normal psychic products led him to suggest two theories of the structure of the psychic apparatus in succession. The foregoing pages having been devoted to an inductive statement of psycho-analysis, we must now examine the schemata which Freud presents as a summary of the theoretical conclusions of his investigations.

Many writers, both within and without the psycho-analytical fold, have attributed excessive importance to this speculative aspect of Freud's work. In France especially, many thinkers have held psycho-analysis to be a philosophical system, whereas it is primarily a method of investigating the unconscious. A continual protest must be raised against this interpretation, which is nothing less than a misconception.

In order to combat this error, which gives a wholly false perspective of the psycho-analytical edifice, our examination of the structure of the psychic apparatus will be confined to the last few pages of our exposition.

I. The First Schema of the Psychic Apparatus

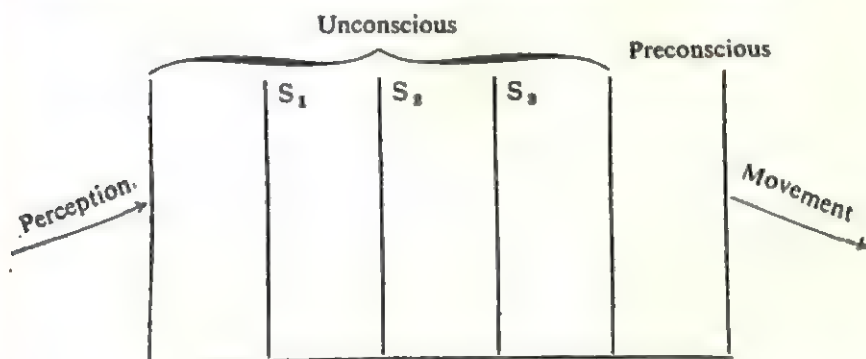
In the last chapter of *The Interpretation of Dreams*, Freud arranges the psychic apparatus in schematic form according to the type of reflex.¹ It implies therefore a sensory or perceptive pole *P*, and a motor pole *M*. Perceptions leave a certain trace in the psychic apparatus—the memory *S*. Since memory implies conservation and perception novelty, it is indispensable to distinguish the one from the other. Association is naturally connected with memory, and is brought into play by (i) simultaneity, (ii) similarity. Freud uses the system-series $S_1 S_2 S_3$, etc., to represent the levels of associated memories. But the distinction between novelty and conservation is not the only difference between perception and memory. Whereas perception is generally conscious, memory usually remains unconscious. Perceptions, too, are much more intense than memories.²

The foregoing are commonplace psychological facts, but Freud's

¹ I. D., p. 494 et seq.

² I. D., pp. 497-8.

investigation of dreams and of the psychoneuroses has led him to implement them. We have already seen that he distinguishes two fields in the sum total of non-conscious psychic elements—that of the unconscious proper, and that of the preconscious. Of the memory-levels S_1 S_2 S_3 , the deeper represent the unconscious, and are placed on the left of the graph. The layers nearer the surface correspond to the preconscious, and are placed on the right. The censor is to be found in the preconscious field.¹ Thus we obtain the chart printed below. Following Dr. de Saussure,² we have extended the field of the unconscious to the extreme left of the schema.



Freud himself warns his readers against the temptation to attribute any absolute value to his schema.

I think it superfluous [he writes] to apologize for the imperfections of this and all similar figures. These comparisons are designed only to assist us in our attempt to make intelligible the complication of the psychic performance by dissecting it and referring the individual performances to the individual components of the apparatus. So far as I am aware, no attempt has yet been made to divine the construction of the psychic instrument by means of such dissection. I see no harm in such an attempt.³

The concept of the censor calls for a similar adjustment of focus. We have already pointed out that it must not be conceived anthropomorphically, but so strong are the preconceptions held on this point that it may usefully be further emphasized.

The force which prevents an idea or a feeling from passing from unconsciousness to consciousness [writes Saussure] is what Freud calls *the censor*. This term must not be taken to mean a sort of psychic entity placed on the boundary between the unconscious and

¹ I. D., pp. 497–500. ² de Saussure, M. P., p. 9. ³ I. D., pp. 494–5.

the preconscious, and hindering the passage of every impulse contrary to the person's conscious wishes. The word "censor" denotes the sum total of ideas, memories, feelings, etc., which exercise an inhibitory power over other groups of ideas. It is a synthetic term comparable, we may say, to the word "nature" used in the sense of the sum total of forces at work in nature.¹

Moreover Saussure is here only developing Freud's own remarks about the censor: "I hope you are not taking the expression 'censorship' in too anthropomorphic a sense, picturing to yourselves the censor as a stern little manikin or a spirit, who lives in a little chamber of the brain and there discharges the duties of his office."²

Some writers have also presented the concept of the unconscious in such a manner as to risk misunderstanding. Dr. Hesnard, for example, defines the unconscious proper as comprising "all the infinite number of elements which are absolutely prevented, by their very nature, from ever becoming conscious."³

Certain passages from Freud's works seem to bear out this interpretation.

There are consequently [he writes] two kinds of unconscious, which have not as yet been distinguished by psychologists. Both are unconscious in the psychological sense; *but in our sense the first, which we call the unconscious, is likewise incapable of consciousness*; whereas the second we call "preconscious" because its excitations, after the observance of certain rules, are capable of reaching consciousness; perhaps not before they have undergone censorship, but nevertheless regardless of the unconscious system.⁴

Taken literally, this formula might lead us to suppose that the unconscious can only be reached by *inference* and not by *de-repression*. This would be a serious mistake. An analysis which ended merely in inferences would be a failure. Skilful technique must bring about the reintegration in the conscious field of memories hitherto incapable of voluntary evocation. This revival of consciousness is an intuition and not a conclusion. In dealing with the analytical method of therapy, we have already emphasized this point, which is of the utmost importance. Jones suggests definitions which do not involve this danger.

Freud uses the term "conscious" [he writes] to denote mental processes of which we are at a given time conscious, "preconscious" (*vorbewusste*) to denote mental processes of which we can spon-

¹ de Saussure, M. P., pp. 9-10.

² Régis and Hesnard, P. N. P., p. 19.

⁴ I. D., p. 564. Italics mine. (D.)

² I. L., pp. 17-18.

taneously and voluntarily become conscious (e.g. a memory out of one's mind for the moment, but which can readily be recalled), and "unconscious" to denote mental processes which the subject cannot spontaneously recall to consciousness, but which can be reproduced by employing special devices (e.g. hypnosis, psycho-analysis, etc.).¹

It is essential to note that this involves direct evocation and not reasoned reconstruction of the past, de-repression and not interpretation.

Inaccessibility to voluntary recall is the characteristic whereby Freud defines the unconscious proper. Investigation of the cause of this inaccessibility leads at once to the conception of repression. The fact that certain memories cannot be recalled at will must be due either to an intrinsic or to an extrinsic cause. The first theory (which attributes the inaccessibility to recall to some weakness inherent in the memory itself) is plainly absurd, since the memory in question is responsible for strong neurotic manifestations. We are therefore driven back to the second theory, i.e. that the impossibility of recalling the memory is due to repression. The word "unconscious" is, of course, used here in its strictly psycho-analytical sense. Freud has never denied that the "non-conscious" in general contains a large number of elements which cannot be evoked owing to intrinsic weakness.² Much of the criticism which psycho-analysis has had to face on this point rests simply on confusion between the commonly-accepted and the psycho-analytical meaning of the word "unconscious." The use of the expression "non-conscious" to denote psychic material out of reach of consciousness, precludes all ambiguity without introducing theoretical preconceptions. Although inaccessible to voluntary recall through repression, the unconscious (in the psycho-analytical sense) is eminently dynamic. There is a logical connection between these two characteristics. We must go further. The repressed unconscious must clearly be composed of the crudest instincts, of primitive and brutish impulses against which the family and social environment has since childhood erected the barrier of educational training. The unconscious is therefore infantile in origin. The qualities we have just ascribed to it suffice to show that it is not amenable to logical criteria. If we accept Freud's hypothesis that the unconscious is a product of repression, we shall not be able to challenge his claim that it is largely composed of sexual elements. If we are further prepared to grant (as do certain psychiatrists—Moll, for example—who oppose Freud's system in practically every other particular) that the sexual instinct exists in the child long

¹ Jones, P. P., p. 215; cf. p. 18.

² de Saussure, M. P., pp. 11-12.

before puberty, we shall find it hard to discover a logically admissible process for limiting the preponderance of sexuality in the unconscious field. Repressed, active, animal, infantile, non-logical and sexual, are the six characteristics whereby Jones distinguishes the unconscious in Freud's sense from the commonplace unconscious of "academic psychology," as the Freudians say.¹

This description of the unconscious enables us to understand a special point in the Freudian theory of dreams which we have only mentioned in passing. Freud holds that the elements of the preconscious are not capable of provoking dreams, for their dynamic power is insufficient. The preconscious "hang-over" from the previous day must borrow the energy required for dream-formation from the unconscious proper. This is not evident from the dream-analyses given in the foregoing chapters, which have been systematically chosen to afford the reader as simple and as highly illustrative examples as possible. It has thus only rarely been possible to go beyond the level of the preconscious. To use terminology which is not Freud's own, but which seems to us appropriate, we have emphasized unconsciousness of relations at the expense of unconsciousness of causes. Here is a quotation from Freud which well illustrates his views on the respective roles of the preconscious and the unconscious in dreams.

I will readily admit [he writes] that the wish-impulses originating in consciousness contribute to the instigation of dreams, but they probably do no more. The dream would not occur if the preconscious wish were not reinforced from another source. That source is the unconscious. I believe that the conscious wish becomes effective in exciting a dream only when it succeeds in arousing a similar unconscious wish which reinforces it.²

By thus assigning an essential place to the unconscious in the genesis of dreams, Freud is led to a formula for which he has been much criticized:

*The wish manifested in the dream must be an infantile wish.*³

We observe that the old schema of the psychic apparatus, with its division into unconscious and preconscious, does not add much to Freud's inductive results. Yet we must point out that he uses his method of graphic representation to explain—or rather to illustrate—the hallucinatory quality of dream-scenes. During sleep, the stimulus finds that it cannot make use of a "progressive" route—i.e. from left to right, ending in the setting to work of motor mechan-

¹ Jones, P. F., pp. 121-8.

² I. D., p. 509.

³ I. D., p. 510.

isms—for it finds this route barred, strikes the preconscious censor, and sets off again in the opposite direction, i.e. from right to left. It then travels through the unconscious and the various levels of memories in succession, picking up elements from them as it passes, and comes at last to the level of perception, when it blossoms forth as a dream-image.¹ This regression is set in motion both by the resistance which drives the stimulus away, and by the unconscious memories which attract it.²

Freud makes use of the concept of regression in his theory of the neuroses as well as of dreams. We stated this theoretical construction in very rough outline when dealing with the neuroses; let us here briefly recall its essential features. Freud believes that in the course of the development of the sexual instinct, *fixation* on a more or less abnormal means of satisfaction may take place. Even if the instinct succeeds in overcoming this fixation and in attaining normal development, it none the less constitutes a vulnerable point. If psychic conflict or repression occurs, the libido will tend to return to its infantile fixations.³ *Regression* of the sexual instinct will take place.

Freud distinguishes three kinds of regression: (i) *topical*, from the right to the left of the psychic apparatus; (ii) *temporal*, i.e. revival of old psychic formations; (iii) *formal*, replacement of usual modes of expression and representation by inferior modes. "These three forms of regression," he writes, "are, however, basically one, and in the majority of cases they coincide, for that which is older in point of time is at the same time formally primitive and, in the psychic topography, nearer to the perception-end."⁴

II. The Second Schema of the Psychic Apparatus.

Freud was subsequently led to replace the schema we have just examined by a second. The starting-point of this modification was a closer investigation of repression. One might at first be led to suppose that both repression and its manifestation during the course of analysis in the form of resistance, start from the ego. But a strange characteristic of this resistance is the fact that the patient is completely unaware of it.

We have come upon something in the ego itself [writes Freud] which is also unconscious, which behaves exactly like the repressed, that is, which produces powerful effects without itself being conscious and which requires special work before it can be made conscious. From the point of view of analytical practice, the consequence of

¹ I. D., p. 501. ² I. D., p. 505 (note). ³ I. L., pp. 286-90. ⁴ I. D., p. 505.

this piece of observation is that we land in endless confusion and difficulty if we cling to our former way of expressing ourselves and try, for instance, to derive neuroses from a conflict between the conscious and the unconscious.¹

Nor can it be objected that this repressing, non-conscious part of the ego may be connected with the preconscious, for that would be in direct contradiction with the definition of the latter: the preconscious is capable of voluntary evocation, whereas the resistance can only be brought into the field of consciousness by means of a special technique. That is not all, for the preconscious lacks any considerable dynamic effects, whereas the resistance produces dynamic effects of the utmost importance.

It seems therefore that the schema of the psychic apparatus will have to be recast. Our task is to arrange, in as true a relation as possible, four groups of processes. The first is that of the actually conscious psychic states. Of the three other groups, we first meet the preconscious, i.e. a sum total of processes actually non-conscious, but accessible to voluntary evocation. There follow the two groups of processes which are unconscious in the strict sense, i.e. inaccessible to voluntary evocation: (i) the repressing unconscious, whose admission among our data entails the recasting of the psychic schema, and (ii) the repressed unconscious, with which we are already familiar. The following table summarizes and clarifies these results:

Conscious psychic processes		1
Non-conscious psychic processes	preconscious	2
	(accessible to voluntary evocation)	
	unconscious	3
	(inaccessible to voluntary evocation) { repressing	3
		{ repressed 4

Freud holds that the distinction between *conscious*, *preconscious*, and *unconscious* is insufficient, and replaces it by that of the *ego* ("moi"), the *superego* ("surmoi"), and the *id* ("soi"). French psycho-analysts seem to be agreed on the use of the expression *ego* ("moi") for which they offer no synonyms. It is not so with the *id* ("soi") and the *superego* ("surmoi"). The *id* ("soi") is also known as the *ça*, the *cela*, or the *infra-moi*. The *superego* ("surmoi") is likewise denoted by the terms *super-moi*, *moi-idéal*, or *idéal du moi*.

In order to define the three psychic degrees of the ego, the *superego*, and the *id*, let us glance once more at our table. The ego comprises the conscious and the preconscious elements, i.e. numbers

¹ E. I., pp. 16-17.

1 and 2 on the table.¹ The superego consists of the repressing unconscious, i.e. of number 3. The id corresponds, but is not confined, to the repressed unconscious, i.e. to number 4. We can therefore complete our table as follows:

Conscious psychic processes	{	preconscious (accessible to voluntary evocation)	. 1	Ego
Non-conscious psychic processes	{	(inaccessible to voluntary evocation)	{	. 2
		repressing	. 3	Superego
		repressed	. 4	Id

Having thus defined the ego, the superego, and the id, we shall proceed to give some further information about them.

The id is composed of the sum total of primitive impulses and elementary instincts. It may be said to possess the qualities we attributed above to the unconscious in the first schema. The id is repressed, active, animal, infantile, non-logical, and sexual. Baudouin gives it the expressive name of the *primitive*.² For the sake of complete accuracy, we must add that Freud does not absolutely identify the repressed with the id; in his view, the repressed is only a part of the id.³ Nothing that takes place in the id is conscious, but the converse is not true: all that is not conscious does not necessarily form part of the id.⁴ It is therefore more accurate to define the id by reference to the concepts of instinct and of primitive origin than by having recourse to those of repression or of unconsciousness. The id is wholly under the dominance of the pleasure-principle, and completely foreign to the reality-principle.⁵

The ego represents, in Freud's view, a secondary differentiation of the id due to the influence of the external world, which gradually forces the personality to rise to the level of the reality-principle. We have seen that the ego comprises the preconscious and conscious processes. Its examination leads naturally to that of the conditions of consciousness, which Freud holds to be different in the case of sensations and intellectual processes respectively. Sensations become conscious directly; they are never preconscious, and can only be either conscious or unconscious.⁶ Many writers prior to Freud have accepted the possibility of unconsciousness of external sensations. Seeing is distinct from consciousness of seeing. We have no difficulty therefore in recognizing that the first process may not, for one reason or another, be followed by the second. This is not true

¹ E. I., p. 27.

⁴ P. L. A., pp. 62-3.

² Baudouin, P. A., pp. 9-10.

⁵ P. L. A., pp. 68-70; E. I., p. 30.

³ E. I., p. 28.

⁶ E. I., p. 26.

of internal sensations. Since the latter give us knowledge of our body as of something that is our own, and since consciousness is by definition knowledge of self, the concept of an unconscious internal sensation seems to be a contradiction in terms. Since physical pleasure and pain are connected with internal sensations, Freud is led to explore the possibility of unconscious affective states.¹ In his *Introductory Lectures on Psycho-analysis* (1916–1918), he seemed to reject this possibility.² In 1922 Freud added the following note to a passage criticizing the denial of unconscious affects, published by his follower Saussure:

I simply mean to say that we cannot speak of unconscious feelings in the same way as we might speak of unconscious images. The conscious, in my view, is simply the act of perception. An image may exist even if it is not perceived, whereas feeling consists in its actual perception. This observation, however, does not deprive us of the right to speak of unconscious feelings, so long as we remember that the term is an abbreviation.³

In 1923, in *The Ego and the Id*, Freud seems less secure in his denial of unconscious affects. He maintains, however, that the unconsciousness of affects is not exactly similar to that of images.⁴ Intellectual processes—among which Freud seems to include images as well as concepts—may be unconscious, preconscious, or conscious. An image passes from the unconscious to the preconscious state through its association with the corresponding verbal images,⁵ among which Freud attributes the chief place to auditory impressions.⁶ In short, Freud explains the access of images to the preconscious by their connection with word-images, but he gives no clear explanation of the access of sensations and images to consciousness.

These remarks on the ego and the id will, we hope, enable us to understand Freud's second schema of the psychism. He locates the "perceptive-conscious system" on the surface of the psychic apparatus, for as a general rule (which admits of certain exceptions) external sensations are conscious. A privileged position is reserved for auditory perceptions of whose special role we are aware. Beneath the perceptive-conscious system there lies the preconscious. The ego, thus composed of the conscious and the preconscious, is in direct continuity with the id, of which indeed, both from the ontogenetic and from the phylogenetic point of view, it is simply the com-

¹ E. I., p. 24.

⁴ E. I., p. 26.

² I. L., p. 342.

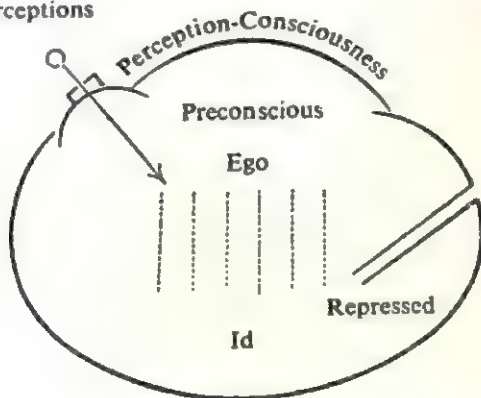
³ de Saussure, M. P., p. 17 (note 1).

⁵ E. I., p. 21.

⁶ E. I., p. 22.

pletion. The repressed elements are an important part of the id, which is separated from the ego by the resistances.

Auditory Perceptions



The superego has no part in the above schema. "It would be vain, however," writes Freud, "to attempt to localize the ego-ideal, even in the sense in which we have localized the ego, or to work it into any of those analogies with the help of which we have tried to picture the relation between the ego and the id."¹ Yet the natural arrangement seems to be to place the superego on the boundary between the ego and the repressed material.

The superego plays, in fact, the same part in this second schema as the censor played in the first. The origin Freud attributes to the superego deserves mention. He does not, as we have so often pointed out, admit the originality of reason. In his view, mankind's moral convictions do not derive from an intellectual intuition of the essential order of things, but from parental training. This is the strictly empirical standpoint. In order to explain the origin of moral ideas, Freud refers to the mechanism of *introjection* or *identification*. We have had occasion to mention this mechanism when dealing with Bjerre's case with ideas of reference. Let us recall that identification or introjection takes place when a person incorporates in his own ego what belongs to another's ego. Mme. de Sévigné's famous phrase, "I have a pain in your chest," is a perfect example of this. Here is another, somewhat more clinical, instance. One of Frink's patients, who had been suffering for two years from insomnia and depression, told him at her second visit that she had dreamt of Mrs. Thaw. It will be remembered that the husband of this extremely

¹ E. I., pp. 48-49.

rich American lady killed his wife's lover, and was sent to an asylum. Frink asked a casual question, and his patient replied with a vehement speech in defence of Mrs. Thaw. Hence the psycho-analyst concluded that she was identifying herself with Mrs. Thaw because she had herself been seduced, an interpretation later confirmed by the analysis. Two years previously, the young woman had had a sexual experience which had played an important part in the genesis of her depressive state. Her apologia for Mrs. Thaw was really the speech for the defence in her own cause.¹ This very simple instance is a good illustration of identification. Freud contrasts identification with wish, believing that when the sexual object ceases to be desired, it is often introjected by way of compensation. Unable to achieve physical possession, the person seeks to compensate for this by an ideal possession, i.e. by a sort of instinctive imitation.² Carrying his theory of infantile sexuality to its furthest conclusion, Freud suggests that the child finds his parents both homosexually and heterosexually attractive simultaneously. This is what he calls the complete *Œdipus complex*. He further recognizes, in virtue of the principle of ambivalence, that each of these positive components has a corresponding negative component—a hate-impulse.³ When the *Œdipus complex* is dissolved, compensatory introjection of the parental images takes place. The child makes his parents' manner of judgment and thought his own. The result of this mechanism of identification is the formation of the superego. This, from the point of view of strict empiricism, is Freud's explanation of the genesis of the moral conscience. "When we were little children, we knew these higher beings, we admired them and feared them; and later we took them into ourselves."⁴

The superego is the heir of the *Œdipus complex*.⁵ Freud hereby shows that in his view the moral ideal has no independent existence, and is simply an evolutionary transformation, a sublimation of sexuality. According to Freud, the forces which inhibit infantile sexuality "are probably brought about at the cost of the infantile sexuality itself, the influx of which has not stopped even in this latency period—the energy of which indeed has been turned away either wholly or partially from sexual utilization and conducted to other aims."⁶ Thus the masochistic impulse forms the basis of obedience and induces the child to accept and incorporate in its own personality the rules of life recognized by its environment. In the same way the exhibitionist impulse, which was at first manifested in the wish to be seen naked, is later translated into the pursuit of

¹ Frink, M. F., p. 103.

² E. I., pp. 36–40.

³ F. I., pp. 40–3.

⁴ E. I., p. 47.

⁵ E. I., pp. 47–8; P. L. A., p. 124.

⁶ T. C. S., p. 40.

approval and praise. Thus too the energy of the sexual impulses may ultimately be directed towards making the child shun the very actions which it originally urged him to accomplish.¹

Such an explanation of the origin of the superego seems to be derived from strict pansexualism. But certain hesitations and limitations are to be found in Freud's works. Thus he recognizes that the forces which inhibit sexuality are hereditary in mankind *to-day*.² Morality is innate in the individual, but acquired in the species. Thus the problem is referred back from ontogenesis to phylogenesis. If Freud were closely pressed for his views on the origin of mankind's moral sense, he would certainly suggest a purely evolutionist solution. In his view, reason is not qualitatively distinct from the animal psychism.

One last question concerning the superego remains to be answered. Why is it strictly unconscious and inaccessible to voluntary evocation? If unconsciousness proper, as opposed to preconsciousness, is an effect of repression, how can the repressor be credited with that which should be the exclusive property of the repressed? Most of the Freudians leave this difficulty unanswered. Jones, who states it clearly, avoids it by a subdivision of the superego into two parts. The first part is conscious, and corresponds to adult morality. The second is unconscious, and corresponds to infantile, backward morality. The unconsciousness of this deep-seated part of the superego may have as its cause "some process akin to repression, probably some defensive reaction against the pain of guilt."³

Freud and his followers have applied the schema of the id, the ego and the superego to the various neuroses and psychoses. Of all the psychic disorders, obsession has afforded the most opportunity for wide speculation on the role of the superego. The themes of self-punishment and of unconscious guilt-sense have been given such importance in recent psycho-analytical literature that some critics have fancied that the Freudian building was to be wholly reconstructed. We might have examined these metapsychological constructions in our study of the neuroses and the psychoses, but we deliberately and systematically refrained. Theoretical schemata of this kind (whether they be true or false) have one important disadvantage: they lead, almost infallibly, to confusion of the psycho-analytical method with Freudian doctrine. This confusion is to be found almost universally among Freud's followers and opponents alike, and this work has been undertaken in order to dispel it.

¹ Frink, M. F., pp. 10-11.

² T. C. S., p. 39.

³ Jones, "The Development of the Concept of the Superego," in the *Journal of Abnormal Psychology*, vol. xxiii, part viii, p. 281.

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